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Maryland Medical Care Programs

Medical Assistance Program

Pharmacy Assistance Program



THE YEAR IN REVIEW

Fiscal Year 1993

Maryland Department of Health & Mental Hygiene

Maryland Medical Assistance Program The Year In Review

Fiscal Year 1993

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Policy And Health Statistics Administration
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CONTENTS

INTRODUCTION.....	1
MARYLAND MEDICAL ASSISTANCE PROGRAM.....	2
MEDICAL ASSISTANCE ADVISORY COMMITTEE.....	2
ENROLLMENT.....	2
PROVIDERS.....	6
INVOICE PROCESSING.....	6
PAYMENTS.....	9
SERVICES.....	10
Hospital Services.....	10
Residential Treatment Services.....	11
Nursing Facility Services.....	11
Physician Services.....	12
Free-Standing Clinic Services.....	12
Free-Standing Dialysis Facilities.....	12
Nursing Services.....	13
Pharmacy Services.....	13
Health Maintenance Organization (HMO) Services.....	14
Dental Services.....	14
Home Health Services.....	14
Medical Day Care.....	15
Personal Care Services.....	15
Early and Periodic Screening, Diagnosis and Treatment Services/Healthy Kids Program.....	15
Disposable Medical Supplies/Durable Medical Equipment.....	16
Medical Laboratory Services.....	17
Oxygen and Related Respiratory Equipment.....	18
Ambulance and Wheelchair Van Services.....	18
General Transportation Services.....	18
Vision Care Services.....	19
Physical Therapy Services.....	19
Podiatry Services.....	19
Pregnant Women and Children's Program.....	19
FEDERAL WAIVERS.....	20
Home & Community-Based Waiver (Developmentally-Disabled).....	20
Home Care for Disabled Children Under a Model Waiver.....	21
Diabetes Care Program.....	21
Maryland Access to Care Program.....	22
PROGRAM CONTROLS AND ADMINISTRATIVE SERVICES.....	22
Medicaid Quality Control.....	22
Preauthorization.....	23
Recipient Medicaid Fraud.....	23
Abuse Investigations.....	24
Corrective Managed Care Program.....	24
Recoveries.....	25
Statewide Evaluation and Planning Service.....	25
Preadmission Screening and Annual Resident Review.....	26
Physician Referral Service.....	26
MMIS II Project.....	27
STATE FUNDED PROGRAMS.....	27
Maryland Aids Insurance Assistance Program.....	27
Maryland Pharmacy Assistance Program.....	28

PROGRAM TRENDS.....	30
TABLES.....	32
1. Average Number of Enrollees by Residence of Enrollee and Eligibility Category.....	33
2. Payments by Eligibility Category and Type of Service.....	34
3. Payments by Residence and Eligibility Category.....	35
4. Payments by Residence and Service.....	37
5. Average Payment per Enrollee by Eligibility Category and Type of Service.....	38
6. Average Payment per Enrollee by Residence of Enrollee and Eligibility Category.....	39
7. Average Payment per Enrollee by Residence of Enrollee and Service Type.....	40
8. Number of Selected Services by Residence of Recipient.....	41
9. Recipients and Days of Institutional Care by Type of Care and Eligibility Category.....	42
10. Number of Recipients of Service by Eligibility Category and Type of Service.....	43
11. Payments, Recipients, and Average Payment per Recipient of Service by Race.....	44
12. Payments for Services by Age, Race, and Sex of Recipient.....	45
13. Average Number of Enrollees and Average Payment per Enrollee by Age, Race, and Sex.....	46
14. Number of Recipients of Services and Average Payment per Recipient by Age, Race, and Sex.....	47
15. Payments by Type of Service and Age of Recipient.....	48
16. Number of Recipients of Service by Type of Service and Age of Recipient.....	49
17. Average Payment per Recipient of Service by Type of Service and Age of Recipient.....	50
18. Hospital Inpatient Program: Inpatient Services and Payments.....	51
19. Nursing Facility Program: Services and Payments.....	52
20. Hospital Program: Outpatient Services and Payments.....	53

21. Physician Program: Office, Home, and Nursing Facility Services and Payments.....	54
22. Physician In Hospital Program: Services and Payments.....	55
23. Pharmacy Program: Services and Payments.....	56
24. Special Services Program: Services and Payments.....	57
25. Hospital Inpatient Program: Services and Payments by Hospital.....	59
26. Nursing Facility Program: Services and Payments by Facility.....	65
27. Hospital Outpatient Program: Services and Payments by Hospital.....	72
28. Physician Program: Payments and Number of Provider Accounts by Location of Provider and Payment Group.....	75
29. Physician Program: Participating Physicians, Groups, and Clinics by County of Practice with Counts of Selected Services.....	76
30. Home and Community Health Programs: Payments by Residence of Recipient and Type of Service.....	77
31. Special Services: Payments by Residence of Recipient and Type of Service.....	78
32. The Maryland Healthy Kids Program: Services and Payments for EPSDT Services.....	79
33. Characteristics of All Persons Enrolled at Some Time During the Year to Receive Medical Care.....	80
34. Summary of Selected Program Data: Fiscal Years 1989-1993.....	81
35. Summary of Maryland Medical Assistance Program Enrollment by Residence: Fiscal Years 1989-1993.....	88
36. Summary of Maryland Medical Assistance Program Enrollment by Category of Assistance: Fiscal Years 1989-1993.....	89
37. Pharmacy Assistance Program: Average Enrollment by Residence- Selected Characteristics.....	90
38. Summary of Selected Maryland Pharmacy Assistance Program Data: Fiscal Years 1989-1993.....	91
APPENDIX: GLOSSARY OF TERMS.....	92

Introduction

The Maryland Medical Assistance Program and the Pharmacy Assistance Program provide access to a broad range of health care services for eligible low income Maryland residents. The Medical Assistance Program is operated in accordance with federal and state law and receives funding from both the federal and State governments.

The Medical Assistance Program derives its statutory authority from Title XIX of the Social Security Act and Title 15 of the Health-General Article of the Annotated Code of Maryland. The Program marked its twenty-seventh full year of operation in fiscal year 1993.

During the year, the Program provided comprehensive health care coverage to a monthly average of 433,805 people, 8.8% of the State's population. Program eligibles received services from approximately 22,000 participating health care providers. Expenditures of \$1.9 billion were made on behalf of Medical Assistance recipients.

The Pharmacy Assistance Program completed its fourteenth full year of operation in fiscal year 1993. Established by the General Assembly in 1978 and supported entirely by State funds, this program assists low income individuals who are not eligible for Medical Assistance in paying for prescriptions, insulin and certain medical supplies. Approximately \$13.7 million was spent during fiscal year 1993 for an average monthly enrollment of 28,600 persons.

This publication describes the people served, the services provided and the providers reimbursed under the Medical Assistance Program during fiscal year 1993 (July 1, 1992 through June 30, 1993). The narrative section provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, current trends, and descriptions of the Pharmacy Assistance Program. Following the narrative are statistical tables on enrollment, services and payments during fiscal year 1993.

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

In addition to Committee members, meetings are attended by Medical Assistance Program staff members and non-voting representatives from the U.S. Department of Health and Human Services, the Department of Health and Mental Hygiene (DHMH), and the Department of Human Resources (DHR).

Listed below according to the expiration date of their term of office, are members of the Medical Assistance Advisory Committee for fiscal year 1993.

July 1993

Caren Berry
Dorothy Egbert
Jacqueline Fulton, M.D.

William Hankins
Phillip Marsiglia, P.D.

July 1994

Rita Buchanan
Sr. Carolyn Carne
Calvin Chin
Rev. Lon Dring
Geni Dunnells
Emmanuel Francois, M.D.
David McDaniel, R.N.

Rosa P. Neal
Patricia Olin
Mary Ann Thompson, R.N.
Jack Tucker
William Villanueva
Martin Wasserman, M.D.

July 1995

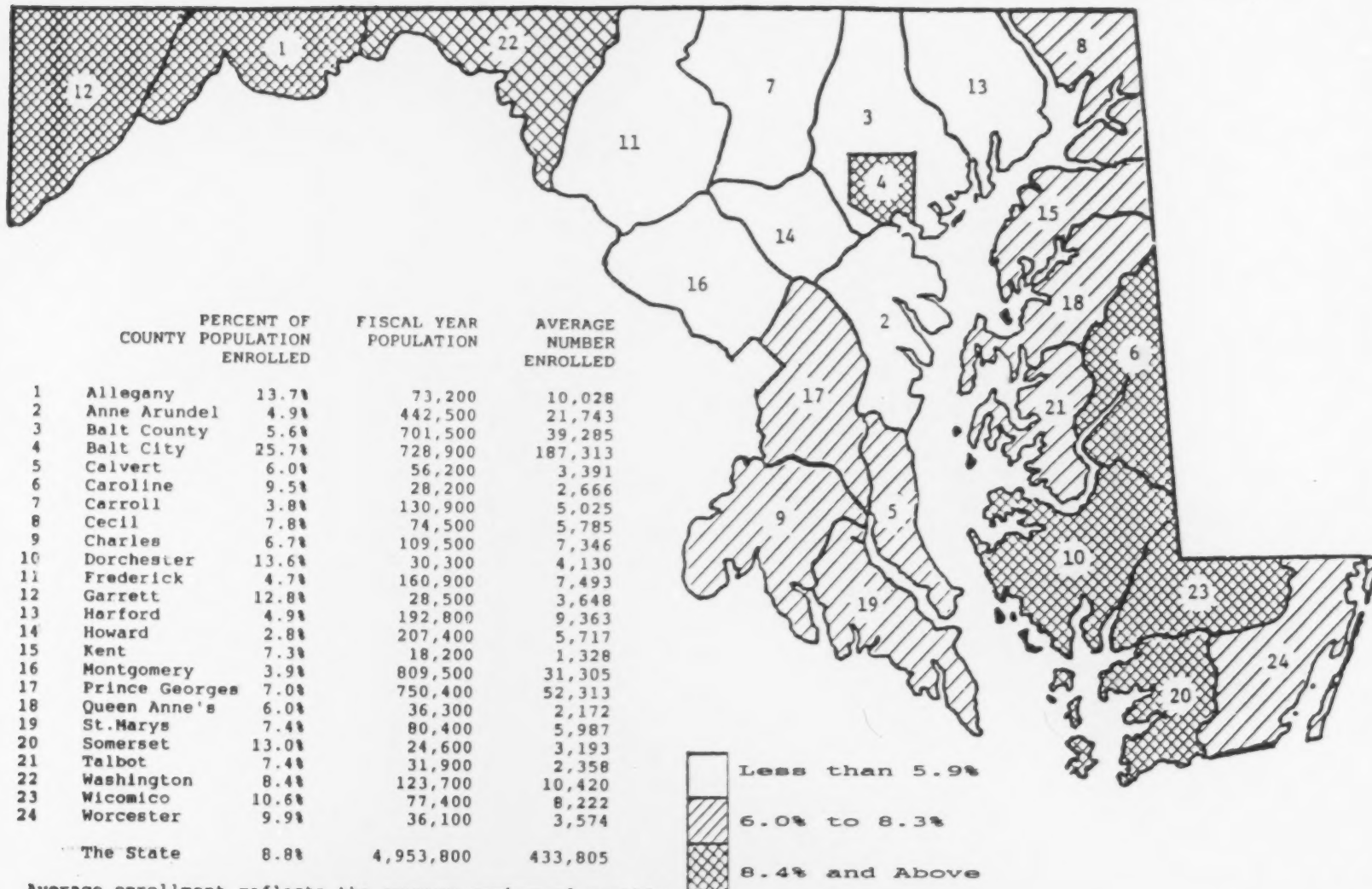
Jean Edwards
Dewie Ennels
Jacqueline Fassett
Mark Fisher, Ph.D.
Shurnice Mackey

Paula McLellan
Lynda Meade
Mildred B. Nickens
Marc G. Nuger, D.D.S.

ENROLLMENT

During fiscal year 1993 the Maryland Medical Assistance Program's average monthly enrollment was 433,805, 8.8% of the State's estimated population. Figure 1 displays the average enrollment rate for each jurisdiction in the State. Enrollment rates ranged from 2.8% in Howard County to 25.7% in Baltimore City.

**MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1993**

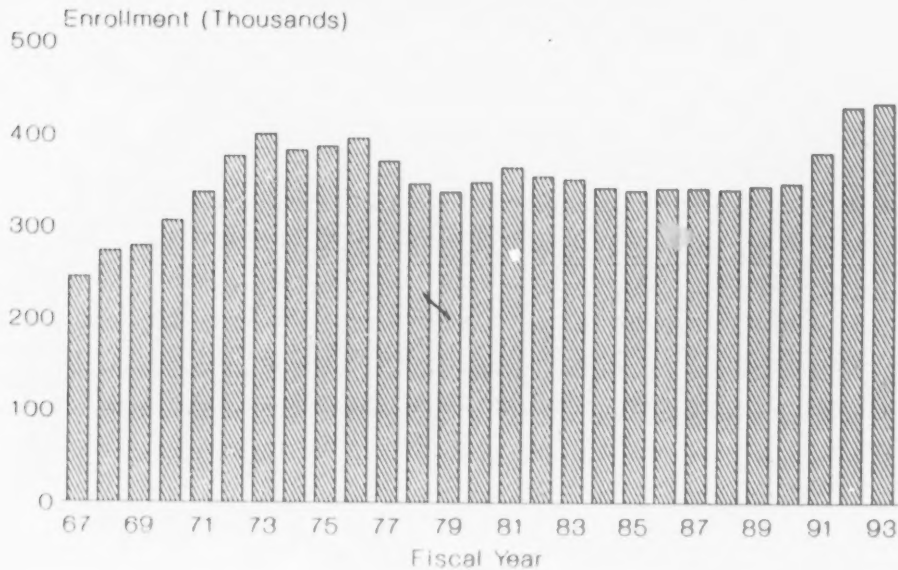


Average enrollment reflects the average number of monthly Medicaid eligibles during FY 1993.

Figure 1

Figure 2

**MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967 - 1993**



Fiscal Year	Yearly Enrollment	Fiscal Year	Yearly Enrollment
1993	433,805	1979	337,571
1992	429,334	1978	346,544
1991	380,255	1977	371,067
1990	347,100	1976	395,034
1989	343,618	1975	386,718
1988	340,267	1974	382,306
1987	341,529	1973	398,715
1986	341,256	1972	375,981
1985	338,975	1971	336,715
1984	341,622	1970	305,139
1983	351,109	1969	277,699
1982	354,309	1968	272,635
1981	363,943	1967	244,514
1980	347,820		

Figure 2 shows the trends in yearly enrollment since the Medicaid Program was established. Enrollment generally varies in response to economic factors and changes in eligibility criteria. Enrollment had been fairly steady since 1984, but recent changes in both economic conditions and Federal Medicaid eligibility expansions have increased Program enrollment significantly in the past few years. Eligibility for Medical Assistance is jointly determined by Federal mandates and criteria set by the State.

Two major categories of enrollees are eligible to receive services through the Maryland Medical Assistance Program. People receiving cash assistance through the Aid to Families with Dependent Children (AFDC) and the Supplemental Security Income (SSI) Program are automatically eligible to receive medical benefits. Eligibility for AFDC is established through the State's local departments of social services and eligibility for SSI through the federal Social Security Administration. People eligible for Medical Assistance through these programs are referred to as Categorically Needy.

The other major group of enrollees is the Medically Needy. They are persons whose income and resources are too high to receive cash assistance but not high enough to meet the cost of necessary health care. Medical Assistance eligibility for the Medically Needy is determined by local departments of social services according to certain income standards, resource limits, and other eligibility requirements. Considerations include family size, available resources, and net income after certain deductions and exclusions. Effective 12/1/92 the Medical Assistance Income Standards were lowered to accord with the AFDC grant decreases authorized by the Governor's Executive Order and approved by the Board of Public Works. The net income and resource standards for the Medically Needy for fiscal year 1993 are indicated below.

Family Size	Net Income Standards	Resource Standards
1	\$1,000	\$2,500
2	4,500	3,000
3	5,000	3,100
4	5,500	3,200
5	6,000	3,300
6	6,612	3,400
7	7,440	3,500
8	8,172	3,600
9	8,832	3,700
10	9,528	3,800
Each Additional Person	+696	+100

The Federal government helps fund the cost of health care to certain groups of Medical Assistance recipients - families with children, the elderly, and the disabled.

Federal matching funds are available for medical services provided to AFDC and SSI categorically eligible persons and for AFDC and SSI-related medically needy recipients. This represents 97.0% of those enrolled in Medicaid during fiscal year 1993. For the remaining 3.0%

SSI-related medically needy recipients. This represents 97.0% of those enrolled in Medicaid during fiscal year 1993. For the remaining 3.0% enrolled in state-funded eligibility categories, medical expenditures are funded entirely by the State. (See Appendix for definitions of eligibility categories).

In addition, matching funds are available for coinsurance and deductible payments for Qualified Medicare Beneficiaries (QMBs) with incomes below the federal poverty level.

Effective 12/1/92 the entire Medical Assistance State-Only Program was repealed. This action was taken to comply with cost containment actions approved by the Board of Public Works in order to balance the fiscal year 1993 State budget.

PROVIDERS

Over 20,000 health care providers are enrolled in the Medical Assistance Program. The list of enrolled providers includes nearly 900 hospitals (70 in Maryland), about 200 long term care facilities, 3 health maintenance organizations, over 150 home health and medical day care agencies, about 12,000 physicians, physician groups and clinics, 2,000 dentists and dental groups, 3,000 personal care providers, 1,000 pharmacies, and 1,700 special services providers.

A consolidated Provider Relations Unit is available to providers for all services other than hospital and nursing facility to resolve provider billing problems and to give providers technical assistance and training on proper billing procedures.

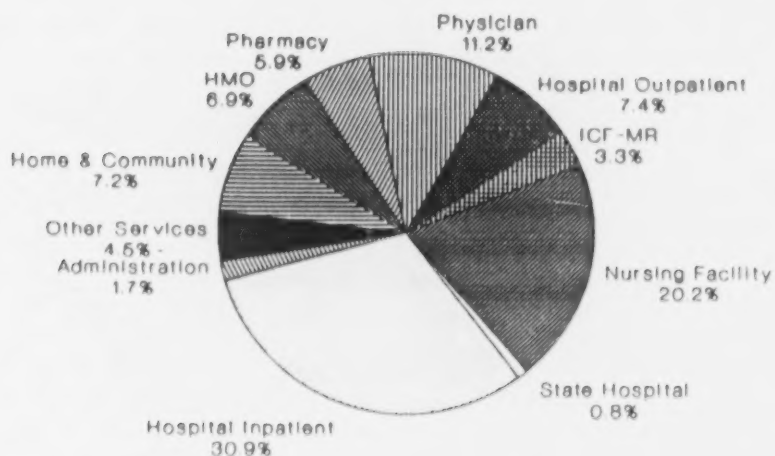
Each Medical Assistance enrollee may receive services from participating institutions or providers of his/her choice or may enroll in a health maintenance organization (HMO).

INVOICE PROCESSING

Over 10 million invoices are processed yearly by the Program. About 30% were returned to providers for recipient ineligibility or billing errors. Ninety-five percent of all complete and accurate invoices are paid within 30 days of receipt by the Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the State Comptroller's Office for the processing of vouchers and the issuance of payment. A regulatory change occurred June 1, 1993, extending time limits on filing claims and the Medical Care Operations Administration is in the process of developing a new system which will allow claims to be filed over the telephone.

Figure 3

**MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1993**



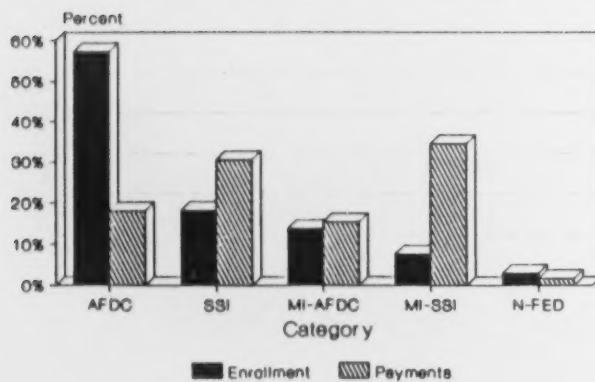
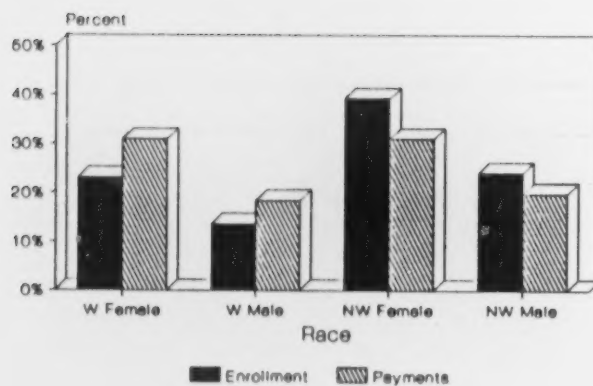
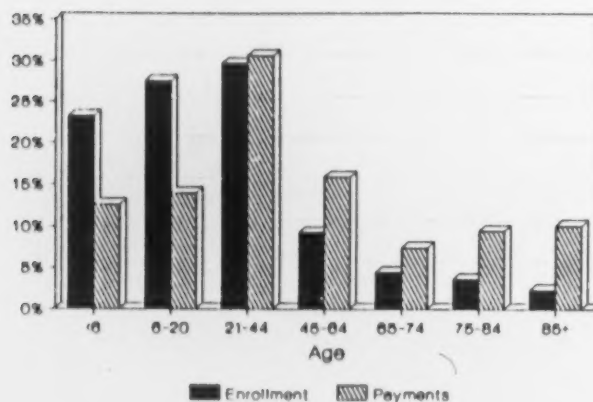
SERVICE	PAYMENTS
Hospital Inpatient	\$604,382,633
State Hospital	16,553,642
Nursing Facility	394,092,279
ICF-MR	65,092,340
Hospital Outpatient	144,889,612
Physician	218,955,137
Pharmacy	115,009,345
H M O	134,620,598
Home and Community Health	140,034,009
All Other Services*	87,844,045
Administration	33,826,830
 Total**	 \$1,955,300,470

* Includes dental, special services, and premiums paid for buy-in of Medicare Part B.

** Payments include Provider Fee Project payments from 1992 fiscal year.

Figure 4

MARYLAND MEDICAL ASSISTANCE PROGRAM ENROLLMENT & PAYMENTS BY SELECTED CHARACTERISTICS - Fiscal Year 1993



PAYMENTS

Total Maryland Medical Assistance Program expenditures in fiscal year 1993 were \$1,955,300,470. Approximately 47% of all Program expenditures represented federal funds and 53% were state funds.

Payments for certain services provided to Medical Assistance recipients are handled administratively and are not included in the source reports used to generate tables for this report. Premiums paid for buy-in of Medicare Part B (\$40,319,683) and expenditures for administrative costs for the Program (\$33,826,830) are not included in any of the tables shown in this report. Capitation payments for health maintenance organizations (\$134,620,598) are shown only in certain tables.

Total Program expenditures including the above mentioned services are shown in Figure 3. Due to the inclusion of the Provider Fee Program (PFP) in 1992 fiscal year expenditures which carried over into 1993, physician services continue to account for a larger share of Program payments than in past years.

Figure 4 compares enrollees and payments by various characteristics. Females made up 62.3% of enrollment and accounted for 61.8% of expenditures. Although white enrollees represented 36.7% of the eligibles, they accounted for 49.2% of total payments in fiscal year 1993. Primarily as a result of elderly white females who have become eligible for Medicaid while residing in nursing homes, expenditures for white females have historically accounted for a high percentage of total payments, making other groups appear under-represented. Comparisons by age show that those under 21 years of age accounted for 50.7% of enrollees but only 26.6% of payments. Enrollees 75 years and older represented only 5.9% of the total eligibles, but accounted for 19.6% of total payments. Analysis by eligibility category shows that AFDC recipients represented 57.4% of all enrollees but accounted for just 18.0% of Program payments. The Medically Needy aged, blind and disabled eligibles (MN-SSI) accounted for only 7.6% of enrollment, but 34.5% of total Program payments. Clearly, increasing age (over 44) and disability are indicators of higher Program expenditures on a per enrollee basis.

SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The Federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse-midwife services; laboratory and X-ray services; nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment services for children; transportation services; federally qualified health center and rural health clinic services; and some nurse practitioner services.

The Federal government also participates in funding the following optional services which Maryland provides: adult dental care; vision, podiatry and clinic care; pharmacy, medical supplies and equipment; health maintenance organization; medical day care; personal care; services for individuals age 65 and over in institutions for mental diseases; inpatient psychiatric services for individuals under age 21; intermediate care facilities for the mentally retarded; and other treatment services. A more detailed description of these services follows, including a discussion of recent changes in the provision of services.

HOSPITAL SERVICES

Fiscal year 1993 was the sixteenth year of the "Medicare Waiver" under which the Maryland Medical Assistance Program, Medicare, and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. The Program participates in this system by means of a waiver granted by the federal Health Care Financing Administration. The waiver has been renewed on the condition that the State meet certain criteria, the most important of which is that the State reimburse hospitals a lesser amount under the experiment than it would reimburse using Medicare's reimbursement system. Another criteria indicates that all payers only reimburse according to approved Commission rates. Commission-approved rates are prospectively determined and are constructed so that the Program assumes a portion of each participating hospital's bad debt based on its Medicaid inpatient utilization.

In fiscal year 1993, the Program continued with its implementation of a federally required reimbursement methodology, which provides for additional payments to hospitals that serve a disproportionately large number of Medicaid or low-income patients. In light of the above mentioned waiver, the Program is unable to make additional payment to hospitals that are reimbursed according to Commission approved rates. But, for these hospitals the federal HCFA has agreed to recognize the bad debt mark up in a hospital's rates as being the Program's disproportionate share payment. Due to the large amount of "free-care" provided by State psychiatric hospitals the Program received approximately \$40 million in additional matching funds for disproportionate share payments to these hospitals. This additional

funding is not reflected in any payment tables in this report for applicable hospitals.

During fiscal year 1993, payments were made for approximately 1,046,949 days of hospital inpatient care at a cost to the Program of \$620.9 million. The average cost per general hospital day of \$855.38 was 7.8% higher than the fiscal year 1992 cost of \$793.17. Payments to State chronic and psychiatric hospitals (including RTCs) totaled \$24.8 million for 144,526 days of care. (See Tables 18 and 25 for detailed hospital inpatient payments.) The Program paid for approximately 297,000 hospital outpatient visits and 212,000 emergency room visits in fiscal year 1993. The average payment of \$271.48 per visit was 12.2% higher than the fiscal year 1992 average of \$241.97 per visit. (See Tables 20 and 27 for detailed information.)

RESIDENTIAL TREATMENT CENTERS

In July 1986 the Medicaid Program began coverage of inpatient psychiatric services for recipients under 21 years old in qualified residential treatment centers (RTC) and psychiatric hospitals.

These facilities, in addition to conducting classes in a number of subjects, provide counseling services to emotionally disturbed children and adolescents in a structured residential setting.

In the past when all in-state alternatives have been exhausted other State agencies have referred children and adolescents to out-of-state residential treatment centers. In fiscal year 1993 the Program has initiated enrollment of appropriate facilities in order to access federal funding for these services and also, attempt to consolidate out-of-state referrals to a few select facilities. This initiative has been a cooperative effect between several State departments, with an agreement being executed that provides for a general fund transfer to the Program to cover the State's share of the costs of the services provided at these newly enrolled residential treatment centers. In fiscal year 1993, the Program completed enrollment and began reimbursement to two facilities in Pennsylvania and one in Virginia.

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in 213 nursing facilities statewide. Rates in these facilities are set by the Program using a system implemented in fiscal year 1983.

Under the reimbursement methodology, separate rates are set for four cost centers and are based on the size, geographic location, and expenditures of each nursing facility. These cost centers are: administrative/routine services; nursing services; other patient care;

and capital costs. Payment for nursing services is based on the level of care required by each patient.

The Program paid \$394.1 million for 6.3 million days of nursing facility care in fiscal year 1993 compared to \$384.4 million for 6.4 million days of care in fiscal year 1992. The average cost per patient day in fiscal year 1993 was \$62.51, 3.5% higher than the fiscal year average of \$60.37. In addition to nursing facility services, the Program also paid \$65.0 million for 332,000 days in State Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Average payment to these facilities was \$195.95 per day, compared to an average payment of \$158.62 in 1992. Payment from patients' own resources and collections in fiscal year 1993 accounted for an average of \$17.61 per day, 6.4% higher than the average of \$16.55 in fiscal year 1992. (See Tables 19 and 26 for detailed information.)

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, or home, or by free-standing clinics; and services rendered in the hospital.

In fiscal year 1993, the Program paid a total of \$219 million (including \$24.8 million into the Provider Fee Program) for services rendered under the physicians program. The Program spent \$144.1 million for physician home and office care (this figure includes the \$72.7 million paid for free-standing clinic services and payments for nursing services) and \$75.4 million for physician services provided in the hospital.

FREE-STANDING CLINIC SERVICES

The Program reimburses eleven different categories of free-standing clinics. These are: children and youth, local health, family planning, rural health, abortion, mental health outpatient, mental health rehabilitation, drug abuse (methadone maintenance), general free-standing clinics, Federally Qualified Health Centers, and Maryland Qualified Health Centers.

In fiscal year 1993, payments for services provided by free-standing clinic providers totaled \$72.7 million.

FREE-STANDING DIALYSIS FACILITIES

The Medical Assistance Program initiated direct payment to free-standing dialysis facilities in August 1985. Prior to that time, the Program reimbursed the Maryland Kidney Disease Program (KDP) for payments it made to dialysis facilities. This change was made in response to changes in federal regulations. Since an individual is

eligible for Medicare benefits starting the third month of chronic dialysis, Medical Assistance reimburses for all dialysis services provided during this period and covers the recipient's coinsurance and deductible once Medicare assumes reimbursement for chronic dialysis. Dialysis facilities are reimbursed according to Medicare established composite rates. Hospital based outpatient dialysis units transferred from the Hospital Program to the Free-standing Dialysis Facility Program July 1, 1992. Regulations were updated to require Clinical Laboratory Improvement Amendment of 1988 (CLIA) certification of all clinical laboratory services performed and signed orders for all services ordered that are to be billed by another provider. In fiscal year 1993 the Program paid \$4.9 million to free-standing dialysis facility providers.

NURSING SERVICES

The Program enrolls as providers three categories of licensed and certified nurses: nurse-midwives, nurse practitioners, and nurse anesthetists. Enrolling these nurses as providers gives Medical Assistance recipients greater access to medically appropriate and cost-effective services.

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, hypodermic syringes and needles, family planning products, enteric coated aspirin used to treat arthritic conditions, ferrous sulfate products, chewable iron and vitamin tablets. Specially formulated nutritional preparations are covered when prescribed by an authorized prescriber and preauthorized by the Program and effective July 1, 1992, only when given by nasogastric, jejunostomy, or gastrotomy tubes in the home.

Effective July 1, 1992, the Program increased the co-payment from \$.50 to \$1 for recipients. The following are exempt from this co-payment: individuals under 21 years of age, pregnant women, institutionalized individuals not in group homes or domiciliary care facilities, HMO enrollees, and orders for family planning drugs and devices.

Since 1986 the Program has maintained a computer-based Drug Utilization Review (DUR) program designed to retroactively scan payment records and identify drug use characteristics that can cause drug-induced illness or hospitalization. Beginning January, 1993, the Program added a prospective DUR component which scans for the same characteristics before the prescription is dispensed, thus preventing potential drug problems which otherwise might occur.

January 2, 1993, the Program implemented the Point-of-Sale Electronic Claims Management and Prospective Drug Utilization Review System. The system provides on-line real time claims adjudication for all outpatient prescription drugs. Prospective drug utilization review

encompasses the detection, evaluation, and counseling components of predispending drug therapy screening. The prospective drug utilization review system examines each pharmacy claim that is submitted in order that interactions or conflicts with previously dispensed medications and/or medical diagnoses can be detected. Because each incoming prescription is reviewed prior to dispensing by the pharmacist, the potential for drug incompatibility or drug induced side effects is greatly reduced. Potential instances of fraud or abuse can be detected as well.

The Medical Assistance reimbursed \$115.0 million for 4.4 million prescriptions in fiscal year 1993, an average of \$25.91 per prescription. (See Table 23 for detailed information).

HEALTH MAINTENANCE ORGANIZATION SERVICES

Health Maintenance Organization (HMO) services have been an important part of the system of care for Medicaid beneficiaries since 1975. Enrollment has been voluntary and members have had the right to disenroll without cause. While enrolled they agree to obtain all of their medical services from the Health Maintenance Organization. During fiscal year 1993 four HMOs were under contract with the Program: The Prudential Health Care Plan, the Chesapeake Health Plan, Columbia Medical Plan and Total Health Care. Each participating HMO agrees to provide complete health care for its enrollees - including physician, inpatient, laboratory, x-ray, pharmacy, dental, home health and emergency services - in exchange for a fixed monthly fee. HMO services were available at numerous primary care site locations in Baltimore City and Anne Arundel, Howard and Frederick Counties.

The Program paid \$134,620,598 in capitation payments to HMOs in fiscal year 1993 for an average monthly enrollment of 69,346 persons.

DENTAL SERVICES

Comprehensive dental services, including orthodontics, are covered for all Medical Assistance recipients under twenty-one years of age (See EPSDT/Healthy Kids Program). Certain dental procedures require preauthorization.

In fiscal year 1993, the dental program spent \$5.0 million (including \$276,247 into the Provider Fee Program) to provide services to 61,969 Medical Assistance recipients. Recipients who were twenty-one years of age or older were covered for the treatment of dental emergencies and other specified services until February 15, 1993.

HOME HEALTH SERVICES

Home health services are rendered by qualified home health agencies. Reimbursable services provided by these agencies include skilled nursing services, home health aide services, physical therapy, occupational therapy, and speech pathology. Recipients of home health

services must be certified as homebound by their attending physicians who order the type, frequency and duration of services to be provided. Services are covered only if they are necessary on a part-time, intermittent basis. Home Health Agencies were paid \$11.0 million for services provided to 5,324 recipients, an average of \$2,067 per recipient.

MEDICAL DAY CARE

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's utilization control agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed adult day care centers where nursing and social work services, personal care, nutrition services, habilitation therapies and activities are provided on an outpatient basis for up to six days a week.

In fiscal year 1993, there were medical day care centers serving Maryland Medical Assistance recipients in twenty-one counties, Baltimore City, and Washington, D.C. Medical day care providers were reimbursed a total of \$18.1 million for rendering 393,000 days of care to 2,602 recipients. The Program paid an average of \$46.08 per day and an average of \$6,955 per recipient.

PERSONAL CARE SERVICES

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments for personal care services in fiscal year 1993 were \$18.9 million for 844,000 services provided to 4,473 recipients. This represents an average payment of \$4,224 per recipient per year.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM/MARYLAND HEALTHY KIDS PROGRAM

The Maryland Healthy Kids Program, known on the federal level as the Early and Periodic Screening, Diagnosis and Treatment Program

offers comprehensive health care services which are designed to detect physical and mental problems and provide necessary follow-up care to Medical Assistance recipients under 21 years of age.

Federal regulations require the Healthy Kids Program to assure the availability of screening and diagnostic services and follow-up treatment within a specified period of time to all eligible recipients who request them. Healthy Kids services are provided by the primary care medical provider for the child. The providers practice in many settings including private practice settings, health maintenance organizations, Federally Qualified Health Centers, Maryland Qualified Health Centers, Rural Health Centers, hospital outpatient departments, and local health department clinics. The Healthy Kids program provides reimbursement for: physical examinations; laboratory tests; immunizations; hearing, vision, developmental, speech and language screenings; dental services; and various other screening procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

Federal regulations also mandate that certain administrative services be performed, such as outreach and case management, to ensure all eligibles are informed about Healthy Kids services and receive assistance in obtaining the necessary services. Program management services provided by local health departments are offered to ensure that eligibles receive support services such as appointment scheduling, transportation assistance, assessment of health needs to identify at-risk children, and initiation of treatment for identified problems.

The Omnibus Budget Reconciliation Act of 1989 mandated significant changes to the Medical Assistance Program in order to improve access to comprehensive health care for low income children. These changes include expansion of covered diagnostic and treatment services for Medical Assistance recipients under 21 years of age. Beginning in April, 1990, following a full or partial EPSDT screen, a provider may order the following services: private outpatient alcohol and drug treatment programs; 28 to 45 day intermediate alcohol and drug treatment programs; chiropractic services; nutritional counseling; occupational therapy; counseling by independent licensed psychologists, clinical social workers or nurse psychotherapists; speech and hearing therapy; school health related services; durable medical equipment not previously covered such as leg braces; and other necessary services. The Healthy Kids Program paid for 107,000 screenings in fiscal year 1992. Due to expansions in eligibility and Departmental initiatives such as the Maryland Access to Care Program, the Healthy Kids Program paid for 152,097 screens in fiscal year 1993 at a total cost of \$7.6 million.

DISPOSABLE MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

The Program pays for the purchase of certain disposable supplies for ostomy, permanent incontinence, diabetes monitoring, enteral and

parenteral nutrition administration, intravenous medication administration, spinal cord dysfunction care, and for burn garments and individually form-fitted support stockings.

The Program also pays for the purchase of prosthetic devices for the eye, breast and limbs, and for the rental or the purchase and repair of wheelchairs, hospital beds, rigid back and neck braces, canes, crutches, walkers, commode chairs, suction machines, traction devices, apnea monitors, nutrition infusion pumps, TENS units, related accessories, and certain other durable medical equipment, for use in the home.

Items with coverage limited by certain medical conditions or other restrictions, such as incontinency pants, disposable underpads, osteogenesis stimulators, and external ambulatory infusion pumps, require written preauthorization. Preauthorization is also necessary when the cost of a medical supply item exceeds \$300, when equipment repairs exceed \$500, and for covered items not priced on the current provider fee schedule.

The Program also pays for additional items needed by recipients under 21 years of age through federally-mandated expansion of EPSDT services, in the home care of certain chronically disabled persons designated under the Model Waiver regulations, and prescription footwear for those enrolled in the Diabetes Care Program. In fiscal year 1993 the Program paid \$15.3 million for disposable medical supplies and durable medical equipment (which includes oxygen and related respiratory equipment).

MEDICAL LABORATORY SERVICES

The Program reimburses enrolled medical laboratories, portable radiology services, and other diagnostic services for medically necessary procedures ordered by authorized medical practitioners. A \$765,486 saving was realized for this fiscal year as a result of the 5% reimbursement reduction instituted in fiscal year 1990 in place of contracting for sole source providers of laboratory services. The reimbursement of laboratory services for hospital non-patients was excluded from the hospital program and payment at hospital rates, effective 12/25/89. Hospital laboratories were notified to enroll as medical laboratory fee schedule rates. A savings of \$585,008 was realized by the Hospital Program at a cost of \$231,325 to the Medical Laboratory Program for a net savings of \$353,683 to the Program. All providers that furnish strictly diagnostic services but perform no treatment are now included under the other diagnostic services category, regardless of the complexity of the service. The Health Care Financing Administration (HCFA) replaced Medicare Certification of laboratories with Clinical Laboratory Improvement Amendments (CLIA) of 1988 Certification but delayed implementation of sanctions against non-compliant providers. Program regulations were amended to reflect the changes in Federal regulations. In fiscal year 1993, the Program paid \$9.0 million to medical laboratory, portable radiology, and other diagnostic services providers.

OXYGEN AND RELATED RESPIRATORY EQUIPMENT

The program pays for continuous gaseous and liquid oxygen, and the rental, or the purchase and repair of oxygen systems, concentrators, nebulizer compressor systems, nasal continuous positive airway pressure (NCPAP) systems, other related respiratory equipment, replacement accessories for purchased systems, and certain tracheostomy supplies and equipment for use in the home or nursing home. All requests must be preauthorized.

The Program also pays for additional items needed by recipients under 21 years of age through federally-mandated expansion of EPSDT services and in the home care of certain chronically disabled persons designated under the Model Waiver regulations.

AMBULANCE AND WHEELCHAIR VAN SERVICES

The Program covers non-emergency trips to or from hospitals or between nursing homes by ambulance or wheelchair van. The hospital or nursing home arranges for the transport and obtains preauthorization when necessary. Total payments for ambulance and wheelchair van services were \$3.6 million in fiscal year 1993.

GENERAL TRANSPORTATION SERVICES

The program historically covered transportation for recipients to and from Medicaid services by enrolling transportation providers and paying them when they transported recipients. Between July 1, 1992 and February 15, 1993, General Transportation payments amounted to \$11.8 million.

The funding for this service was eliminated in the Fall of 1992 by the Board of Public Works. At the same time, however, the Board authorized Transportation Grant funding. This funding was made available to local jurisdictions to act as a "safety net" for the provision of transportation services to the most needy of recipients.

The grants were awarded in February, 1993 to the local jurisdictions. This safety-net funding is for the transporting of Medicaid recipients who have no other means of getting to their medical appointments. In addition, the grants may be used to encourage new transportation resources in areas where they are limited; to screen recipients for other transportation resources; as well as for disabilities which impair their ability to walk or to use public transportation in the most efficient and cost-effective manner possible by using the least expensive resource (which may include the use of volunteers and charitable organizations).

Total cost for the Transportation Grants in fiscal year 1993 (February 16-June 30) was \$3.6 million (\$1.8 million state funds; \$1.8 million federal funds).

VISION CARE SERVICES

Examinations by optometrists and ophthalmologists and eyeglass services or other diagnostic and treatment services rendered by optometrists, opticians, and ophthalmologists are covered for recipients under the age of 21. They are entitled to one eye examination, for the purpose of prescribing eyeglasses, and eyeglasses once every year under the EPSDT Program. Ophthalmologists are reimbursed through the physicians program. Recipients 21 years of age and over were covered for similar services and for eyeglasses every two years until February 15, 1993. In fiscal year 1993, the Program paid \$2.2 million to provide services to 44,041 Medical Assistance recipients.

PHYSICAL THERAPY

The Program covers medically necessary physical therapy treatment under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for recipients under the age of 21, which has been ordered in writing by a physician, dentist or podiatrist. The treatment must be performed in the Physical Therapist's office, the patient's home or a domiciliary level facility by a registered Physical Therapist (P.T.) or a Physical Therapist Assistant under the direct supervision of the P.T.

Physical Therapy treatments continued past 60 days after the first treatment must be preauthorized. The Program paid \$821,000 in fiscal year 1993 for physical therapy services.

PODIATRY SERVICES

The program covers medically necessary services other than routine care. Certain services, such as orthotics, are covered, but only when prescribed as the result of an EPSDT screen. Routine care is covered for patients with diabetes or a vascular disease affecting the lower extremities.

PREGNANT WOMEN AND CHILDREN'S PROGRAM

The Omnibus Budget Reconciliation Acts of 1986, 1987, 1989 and 1990 require states to provide medical services reimbursement, through their Medicaid Programs, to many low income pregnant women and children who previously would have been ineligible for coverage due to family income in excess of the regular Medicaid limits. Maryland was one of the first states in the nation to enact coverage for the indigent pregnant women and children population group. The Program began enrolling recipients in July 1987.

Eligibility is open to pregnant and postpartum women (up to 60 days after delivery) of all ages, and children born after September 30, 1983, who are not currently receiving Medicaid and whose family income meets the following limits: for pregnant and post-partum women and infants up to one year of age, family income must not exceed 185% of the federal poverty level; for children between the ages of one and six years, family income must not exceed 133% of the federal poverty level;

and for children who have attained six years but who were born after September 30, 1983, family income must not exceed 100% of the federal poverty level.

To meet the objective of delivering early prenatal care to eligible women, federal law allows for a presumptive (i.e. immediate but temporary) eligibility period for pregnant women. During this time, upon completing a simple 1 page application, a pregnant woman may receive temporary Medicaid benefits for ambulatory prenatal care while the formal eligibility determination is made. Local health departments clinics, community health centers, and some hospital outpatient departments are responsible for the presumptive eligibility determination.

Once a woman is formally determined eligible by the local Department of Social Services, she receives full Medical Assistance benefits, including delivery and inpatient hospitalization coverage, until 60 days after delivery. Babies born to PWC enrollees automatically receive full Medical Assistance benefits for one year following birth. The parents may then apply for continued benefits for their child. Certification periods for children are 12 months long. During the sixth year of operation, fiscal year 1993, approximately 10,500 babies were born to women on the PWC Program. In addition, approximately 32,500 children became eligible for the Pregnant Women and Children's Program. The Pregnant Women and Children's Program expenditures for fiscal year 1993 totalled \$125.6 million.

FEDERAL WAIVERS

HOME AND COMMUNITY-BASED SERVICES WAIVER FOR DEVELOPMENTALLY DISABLED INDIVIDUALS

The Home and Community-Based Services Waiver for Developmentally Disabled Individuals provides services for developmentally disabled individuals as an alternative to institutionalization in an Intermediate Care Facility for the Mentally Retarded. Initially the waiver was only for individuals discharged from ICF-MRs. It has been used successfully to down-size ICF-MRs and establish alternative placements in the community. Since November 1990, the waiver has also been used to divert individuals from institutionalization. The waiver covered services include services coordination, residential habilitation, day habilitation, respite care, environmental modifications, supported employment, intensive behavior management, personal assistance, support services, 24-hour emergency assistance and assistive technology.

In fiscal year 1993, waiver providers were reimbursed a total of \$76.6 million. This represented an increase of 31% from fiscal year 1992. During the year, the Developmental Disabilities Administration continued to increase the number of waiver slots by closing more ICF-MR beds, developing community-based beds as an alternative to new ICF-MR beds, and obtaining Medical Assistance coverage for additional

individuals residing in the community and receiving services previously funded with all State dollars.

HOME CARE FOR DISABLED CHILDREN UNDER A MODEL WAIVER

The Model Waiver is designed to provide services not otherwise covered at home to a group of chronically disabled children who require such services in order to leave hospitals. Model Waiver services are case management, private duty nursing, home health aid services, and medical supplies and equipment beyond the scope of the Medicaid State Plan. Entitlement to services is limited to those individuals for whom the cost of Medicaid reimbursed hospital long term care would exceed the cost of home and community-based services.

Applicants for the Model Waiver must be 21 years of age or younger but may continue to receive services regardless of age as long as they continue to meet the Waiver's certification and care requirements. Expenditures under the Model Waiver were \$13.6 million in fiscal year 1993.

DIABETES CARE PROGRAM

The Diabetes Care Program, another Managed Care initiative, was implemented on June 1, 1991. To be eligible for this program, a Medical Assistance recipient must have diabetes and have been hospitalized at least once for a diabetes-related condition. Enrollment is voluntary but, once enrolled, an enrollee must obtain all health care through a single diabetes primary care provider or upon referral from that provider to other specialty providers. Unlike the Corrective Managed Care Program, a diabetes care enrollee is not restricted to a single pharmacy. Enrollees receive additional covered services (namely diabetes outpatient education, nutritional counseling, home glucose monitors and supplies, and therapeutic footwear) which are not available to non-enrollees. Physicians who elect to become diabetes primary care providers receive a managed care fee of \$20 per month per enrollee irrespective of service delivery. Participating physicians are required to take a continuing medical education course within 12 months from the date of becoming a primary medical provider.

Recipients enter the program by signing a voluntary enrollment form which may be obtained from the Program or from hospital discharge staff. Hospitals are required to notify the Program of every Medical Assistance recipient who is discharged after inpatient treatment of a diabetes-related condition. Recipients are enrolled in the Program for an indefinite period of time but may change providers or terminate their participation in the program at any time.

During these first two years of operation the Program embarked on an aggressive campaign to enroll recipients and providers. A total of 2,119 recipients and 504 participating providers were enrolled. The waiver was renewed by the Health Care Financing Administration for an additional two years.

MARYLAND ACCESS TO CARE PROGRAM (MAC)

The Maryland Access to Care (MAC) Program is a large Managed Care initiative which links Medical Assistance recipients with a primary medical provider (PMP) who provides primary care services and serves as gatekeeper for the provision of specialty care. PMPs must have regular office hours, 24 hour call and coverage arrangements, and participate in the EPSDT program if they serve children. By stressing access to primary care, MAC seeks to promote quality and continuous care and to provide recipients with a "medical home". The program will realize savings through reductions in inappropriate emergency room visits and fewer and shorter hospitalizations. Unlike other states with similar programs, Maryland does not pay a monthly per person management fee. Instead, concurrent with the start of the MAC program, office visit fees were raised by an average of almost 50%. The decision to raise fees rather than have a monthly per person payment was made after consulting the leadership of the Maryland physician community.

The MAC Program began December 9, 1991, and enrolled approximately 220,000 eligible recipients with PMPs as of June 30, 1993. The MAC program applies to most Medicaid recipients with two major exclusions: 1) Recipients enrolled in a Medicaid HMO or another form of Medicaid managed care; and, 2) Recipients receiving Medicare. There are some additional exclusions for individuals in institutions, foster care or subsidized adoptions. A complete evaluation of the program is being conducted by Project Hope under a grant from the Health Care Financing Administration, and should be completed in late 1993.

PROGRAM CONTROLS AND ADMINISTRATIVE SERVICES

MEDICAID QUALITY CONTROL

The primary objective of Medicaid Quality Control (MQC) is to reduce expenditures caused by ineligibility and claims processing errors. For eligibility determinations, a random sample of approximately one hundred Aid to Families with Dependent Children (AFDC) cases and fifty Medicaid Only (MAO) cases is drawn each month for the State's review and specific error investigation. The full sample is reported to the Health Care Financing Administration (HCFA) via the National Integrated Quality Control System (NIQCS) for a federal re-review and official error rate calculations. The error rate for the review period of April 1991 - March 1992 was calculated to be 1.4179% (the last officially calculated review period).

The Claims Processing Assessment System (CPAS) is designed to identify and measure the cost of claims processing errors. A federally approved alternate CPAS is utilized in Maryland with a monthly sample of eighty (80) cases from the Long Term Care, Inpatient Hospital, Pharmacy and Other Claims strata. These cases are reviewed for correctness and completeness. These results are audited annually by

HCFA's Medicaid review team. The CPAS error rate for the official review period of June 1992 - May 1993 was calculated to be 2.36%.

From these reviews and examinations, corrective action initiatives are planned, implemented and evaluated to reduce the possibility of recurring error trends and in turn maintain an error rate below the 3.0% national tolerance level. Separate Annual Corrective Action Plans are prepared each August for both the Eligibility and Claims Processing sections.

PREAUTHORIZATION

An important cost control measure is the preauthorization of many services by the Program or its agent before reimbursement is made. All non-emergency inpatient hospital services are preauthorized by the Program's Utilization control agent. Designated organ transplants, cosmetic or obesity surgery, disposable medical supplies which cost more than \$300 or must meet certain medical conditions or limitations, and durable medical equipment not priced on the provider fee schedule or which must meet certain medical conditions or limitations require preauthorization. Prescription drugs over \$400 and designated maintenance drug prescriptions written for more than a 33 day supply and costing more than \$100 also require preauthorization. In addition, certain or all of the services in the dental, vision care, oxygen, hearing aid, podiatry, physical therapy, and ambulance and wheelchair van programs must be preauthorized before being rendered to the recipient by the provider.

RECIPIENT MEDICAID FRAUD

The Program investigates allegations of recipient Medicaid fraud in order to seek criminal prosecutions for violations of law and to maximize the recovery of monies spent for Medical Assistance benefits for which there was no entitlement. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging or alteration of prescriptions. Referrals of potential fraud come from providers, local departments of social services, police and citizens. Also, internal reviews may result in potential fraud referrals.

Summary of FY 93 Operation

Completed investigations	506
Charges filed with Court Commissioner	31
Referrals to State's Attorney	4
Cases Recovered	107
Total successful outcomes	266
Cases pending at end of FY 1993	127
Amount Recovered	\$139,622

ABUSE INVESTIGATIONS

The Medical Assistance program investigates cases of possible abuse by providers. A 100% prepayment review of hospital inpatient invoices is conducted to validate the Utilization Control Agent's approval of admissions and lengths of stay. Treatments and procedures are reviewed to determine if the services are covered by the Program and if the treatments are appropriate for the diagnosis. The Program has developed a computer monitoring system that reviews provider payments. This reporting system compares providers to their peers in order to focus on those providers with exceptional practices. If abuse is suspected, all invoices from the provider are reviewed and medical records are requested and reviewed. If abuse is confirmed, the case is fully developed and administrative action, including recovery of funds and imposition of sanctions, may be taken. Additionally, the case may be referred to the provider's peer review group or to the Board of Physician Quality Assurance. If fraudulent activities are suspected, the provider is referred to the Medicaid Fraud Control Unit in the Attorney General's Office for an investigation and possible prosecution.

Explanations of Medical Benefits (EOMB) are sent monthly to more than 1,100 recipients to verify that the services reimbursed by the Program for the recipient have been received. The EOMB lists the services for the recipient in the preceding month and requests confirmation that the services were received. If the recipient denies receiving the service, the provider is questioned concerning the bill. Payment is recovered for undocumented services. The Program may also target a provider for a special EOMB run addressing only that provider's patients. This special EOMB run is done when allegations are present that a provider is billing for services that have not been rendered.

CORRECTIVE MANAGED CARE PROGRAM - (CMC)

The Maryland Medical Assistance Program investigates cases of inappropriate utilization of Medical Assistance benefits by Medicaid recipients. Recipient misutilization may result when a recipient uses an inappropriate type of provider for care such as emergency rooms or specialty clinics or uses an appropriate provider in an inappropriate manner or at inappropriate frequencies.

Computer-generated reports are used to identify recipients whose payment histories suggest potential misuse of benefits. Once identified, the utilization of health care services is analyzed by medical professionals to determine whether misuse has in fact occurred. If misuse is found, the recipient is restricted to a Managed Care provider and a designated pharmacy for a minimum period of two years.

Summary of FY 93 Operations

Cases Reviewed	31,300
Restrictions Initiated	1,981
Total Restricted Enrollment	4,771
Imputed Savings	\$6,199,907

Beginning in 1992, the enrollment of recipients in the Maryland Access to Care (MAC) Program decreased CMC enrollments as recipients assigned to one primary medical provider in MAC are less likely to misuse benefits. Then, the elimination of state-only categories, effective December 1, 1992, further reduced CMC enrollments to approximately 1200 recipients. Effective January, 1993, the term of enrollment for recipients increased from one year to two years due to a change in Fraud and Abuse Regulations.

RECOVERIES

The Maryland Medical Assistance Program operates a third party liability program to discover other sources of payment for Medical Assistance recipients' health care and to recover money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile, personal injury settlements, and assault) workers compensation, estates, paternity/child support, provider refunds, recipient fraud, medical malpractice and lead paint poisoning, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service. The Program also imposes liens on the real property of institutionalized people who are determined medically unable to resume living in their community homes, pursuant to the federal Tax Equity and Fiscal Responsibility Act of 1982.

In order to discover potential third party resources, the Program conducts data matches with Blue Cross and Blue Shield of Maryland, the U.S. Department of Labor and Defense, and the State's Worker's Compensation Commission, Central Payroll, Retirement, Child Support Enforcement Administration, and Department of Economic and Employment Development. The Program's third party liability contractor also data matches with numerous health insurance carriers.

During fiscal year 1993, collections were over \$19,600,000. An additional savings of \$110,700,000 resulted from cost avoidance activities composed of Medicare Part B collections and accession of health insurance benefits by providers.

THE STATEWIDE EVALUATION AND PLANNING SERVICE

Statewide Evaluation and Planning Services (STEPS), beginning in fiscal year 1987, is a preadmission screening program for which Medical Assistance reimburses providers for conducting long term care evaluations. These comprehensive evaluations are conducted by licensed social workers and registered nurses located in local health departments, and include medical/nursing, psycho-social and functional assessments. Following each evaluation, an appropriate plan of care is developed with multidisciplinary input. STEPS providers also offer consultation to other health care providers as requested.

The Program pays for STEPS evaluations for those persons who are at risk of nursing facility placement due to medical conditions consistent with intermediate or skilled nursing levels of care, and are Medical Assistance recipients or projected to be Medicaid eligible within 180 days of nursing facility admission.

In fiscal year 1993, STEPS providers were paid \$275 for each completed evaluation. During this period, 8,059 STEPS evaluations were completed at a cost of \$2,216,225.

STEPS case management may be provided for Medical Assistance recipients who have received a STEPS evaluation. STEPS case management is reimbursed at a rate of \$90 for services provided during the initial 60 days after the multidisciplinary assessment and \$15 for a unit of service provided each succeeding month that case management continues. In fiscal year 1993, 611 claims for STEPS case management were submitted at a cost of \$36,450.

PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW

In January 1989, the State was mandated to implement Preadmission Screening and Annual Resident Review (PASARR) under the Omnibus Budget Reconciliation Act of 1987 (OBRA 87).

The act requires preadmission screening and annual resident review of individuals with mental illness (MI) or mental retardation and related conditions (MR) who are applicants to or residents of Medicaid certified nursing facilities (NFs), regardless of the source of payment for NF services. A screening form is used to identify persons positive with MI or MR. These individuals are evaluated by Geriatric Evaluation Services (GES) teams composed of nurses, social workers, psychiatrists and psychologists who evaluate whether an individual requires the level of services provided by a NF, and whether specialized services are needed. A plan of care which recommends appropriate services for each individual is developed in a multidisciplinary setting. Upon review of the recommendations, the State Mental Hygiene Administration makes determinations for individuals with MI, and the State Developmental Disabilities Administration makes determinations for individuals with MR. Total payments for PASARR during fiscal year 1993 were \$2,497,700 for 7,596 claims. A significant reduction in the numbers of PASARRs is anticipated for fiscal year 1994 due to the release of Final Federal regulations, January 26, 1993, which focus on those with a serious mental illness and excludes individuals with a primary diagnosis of dementia.

PHYSICIAN REFERRAL SERVICE

In July 1984, the Program implemented a toll-free telephone Physician Referral Service to help recipients find HMOs and physicians in their neighborhoods who are willing to accept Medicaid patients. The objective of the referral service is to divert Medicaid recipients from

the hospital emergency rooms and outpatient clinics that many rely upon as a source of both primary and specialty care.

Initially, the Program conducted surveys to establish which physician providers were interested in enlarging their Medicaid office practice. In 1989, dentists and podiatrists were added to our listings. In 1992 the program expanded to include all Medical Assistance Providers, such as specialists, physical therapists, licensed social workers, etc. Over 2,400 practice locations are in a special computer file that enables a Program telephone operator to identify the physicians, dentists and podiatrists in a given ZIP Code, and by specialty within a ZIP Code, in response to a request from a Medicaid recipient. Medicaid recipients are periodically notified of the Physician Referral Service, to assure that they remain aware of the availability of the service.

MMIS II PROJECT

The MMIS-II Project refers to the replacement of Maryland's Medicaid Management Information Systems (MMIS). This process includes acquiring a certified MMIS from another state, enhancing it to Maryland's medical care needs and installing an improved automated Medicaid claims processing and information retrieval system.

During fiscal year 1993, the Program contracted for direct project team and facilities; received HCFA approval to include the selection of another state's MMIS in the computer program and integration RFP; completed the analysis to develop detailed system requirements of all program policies, inputs, outputs, and processing functions; and evaluated and recommended the Transfer-Contractor (the computer programming firm to install the system and prepare State staff to operate and maintain the replacement MMIS).

STATE FUNDED PROGRAMS

MARYLAND AIDS INSURANCE ASSISTANCE PILOT PROGRAM

Effective July 1, 1990 the Medicaid Program began the Maryland AIDS Assistance Pilot Program (MAIAPP) to maintain employer-based health insurance coverage for up to 150 people, at any one time, who have tested positive for the AIDS virus and can no longer work due to their illness. The Program expanded to include Federal employees and increase the income standard to 300% of the Federal Poverty level, effective July 1, 1991. Originally enacted for two years, legislation effective July 1, 1992 removed the word "Pilot" from the program name, continued the program until July 1, 1994 and expanded the Program to pay for eligible individuals group or non-group individual health insurance coverage continued through an employer or issued to an individual under one of the following authorities: The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)- Group Coverage; The Federal Employees Health Benefits Amendments Act of 1988

(FEHBAA) - Group Coverage; Article 48A of the Annotated Code of Maryland - Group and Individual Coverage; or Health benefits under a policy issued by an authorized insurer, non-profit health service plan, Health Maintenance Organization (HMO), or self-insured health benefit plan - Group and Individual Coverage.

Eligibility requirements for MAIAPP are: submission of a completed MAIAPP application to DHMH; physician certification verifying HIV sero positivity; have group or individual health insurance coverage; resident of Maryland; U.S. citizen or lawful resident; not eligible for health insurance through another family member; income not more than 300% of poverty level; and cash assets not more than \$10,000.

Recipients are enrolled in the program for an indefinite period of time. In fiscal year 1993, there were 123 new persons enrolled with an average monthly enrollment of 105 persons. An average of 80 per month were enrolled in group health plans and an average of 25 per month were enrolled in individual, non-group, health plans. Expenditures for group insurance premium payments averaged \$188 per month per enrollee, and expenditures for individual, non-group, insurance premium payments averaged \$376 per month. Savings averaged \$33,000 per enrollee.

MARYLAND PHARMACY ASSISTANCE PROGRAM

The Maryland Pharmacy Assistance Program (MPAP) was established by legislation passed in the 1978 session of the Maryland General Assembly and was implemented on January 22, 1979. The purpose of this 100% State funded program is to provide help to Maryland residents who are not eligible for participation in the Medical Assistance Program, but who meet the eligibility requirements of the Maryland Pharmacy Assistance Program. The covered services are maintenance drugs used to treat chronic conditions, anti-infective drugs, including AZT, and insulin syringes and needles in a specific list of therapeutic categories corresponding to the American Hospital Formulary Services (AHFS) classification numbers with the limitations specified. Recipients are liable for a co-payment of \$5 for each original prescription and refill.

In December 1992, the Program enrolled 26,000 former Medical Assistance State Only (MASO) recipients. This additional coverage group resulted in an average monthly enrollment for fiscal year 1993 of 30,467, which represents an 83.7% increase over fiscal year 1992.

Eligibility for the Maryland Pharmacy Assistance Program is based on the financial resources available to the family unit. The Program increases the maximum gross allowable income standards annually at the time Social Security benefits are increased, by the larger of either any Social Security cost-of-living percentage increase, not to exceed 8%, or the dollar amount which the Medical Assistance income standards are increased by the State. The following chart shows the gross allowable income and asset standards effective during fiscal year 1993.

MPAP MAXIMUM INCOME AND ASSET STANDARDS

Number of Persons in Household	Maximum Gross Allowable Income		Maximum Total in Allowable Assets
	July 1, 1992	January 1, 1993	
1	\$7,750	\$8,000	\$3,750
2	\$8,400	\$8,700	\$4,500
3	\$9,250	\$9,550	\$4,650
4	\$10,000	\$10,300	\$4,800
5	\$10,650	\$11,000	\$4,950
6	\$11,450	\$11,800	\$5,100
7	\$12,300	\$12,700	\$5,250
8	\$13,150	\$13,550	\$5,400
Each Additional Person	\$900	\$950	\$150

In fiscal year 1993 there was an average enrollment of 30,467 per month. Table 37 describes the average program enrollment by residence and selected demographic characteristics. The Program paid \$13,672,125 for 2,494,570 prescriptions, an average of \$22.65 per prescription. Table 38 is a summary of the average enrollment, total costs and number of prescriptions, average cost of prescriptions, and average prescriptions per recipient from fiscal year 1989 through fiscal year 1993.

PROGRAM TRENDS

In fiscal year 1993 total program expenditures were about the same as last year. There was only a slight rise (1.5%) in the average number of persons enrolled during fiscal year 1993 over last year. This following a 23.7% increase from fiscal year 1990 to 1992. Federal mandates were responsible for past increases in enrollment and expenditures.

Several recent changes in federal law have had a significant impact on the Maryland Medical Assistance Program. The major provisions of these bills are described below:

OMNIBUS BUDGET RECONCILIATION ACT OF 1990 (OBRA 90)

OBRA 90, which was signed into law by the President on November 5, 1990, contains several provisions which affected the Maryland Medical Assistance Program. Beginning July 1, 1991, the Program expanded coverage to all children aged 6 and above who were born after September 30, 1983 whose family income is below 100% of the poverty level. This coverage will phase in all children under the age of 19 in 11 years.

OBRA 90 contained provisions which prohibited the Health Care Financing Administration from publishing regulations prohibiting limitations on provider donations or provider-specific taxes as the source of the State's Medicaid matching funds until January 1, 1992. OBRA 90 also allowed States to impose provider-specific taxes in certain circumstances. Maryland took advantage of this tax provision to increase its federal revenues and avoid drastic Program cuts. The Provider Fee Project (PFP) was begun in April, 1991 and ended June 30, 1992.

PROVIDER FEE PROJECT (PFP)

Under the Provider Fee Project, reimbursement rates for certain provider types were increased, and the amount of the increase was then taxed by the State as a provider fee, which was collected at the time Medicaid payment was made. As the provider fee was collected by the Program, it reverted to the State treasury. Physicians, dentists, pharmacists, HMOs, and nursing homes were involved in the PFP. The total amount of provider fee tax collected during fiscal year 1992 was \$182.8 million, primarily affecting the Physician Program. In fiscal year 1993, the PFP carry-over amounted to \$26.9 million.

The remainder of the provider tax collected in fiscal year 1993 is listed below:

Physician -	\$24,791,371
Pharmacy -	276,247
Dental -	715,394
HMO -	6,488
Nursing Home -	1,069,585
TOTAL	\$26,859,085

Payments subject to the provider fee tax are included in the total payment figures reported in this publication. The impact of the PFP on payments by recipient eligibility category (excluding HMO program) is shown below:

Category	PFP	Category	PFP
OAA	\$362,521	MAC	\$848,156
AFDC	8,077,097	MAR	1,033,248
PANB	14,264	SOBRA/C	1,102,530
APTD	4,808,318	SOBRA/A	1,517,324
EP	120	GPA	2,290,573
MAO	1,173,427	STD 1	2,707,637
MAB	1,819	SA	6,056
MAD	2,411,582	MPAP	17,829
MAFC	480,020	PRENATAL	76

TOTAL (excluding HMO) - \$26,852,597

MEDICAID VOLUNTARY CONTRIBUTION AND PROVIDER-SPECIFIC TAX AMENDMENTS OF 1991 (PUBLIC LAW 102-234)

This law, which was enacted late in 1991, made sweeping changes in the way states could use donations and taxes on health care providers as a source of state matching funds for their Medicaid Programs. It prohibited almost all voluntary contributions from health care providers or related organizations, as well as provider-specific taxes that are related to the amount of their Medicaid revenue (such as the provider fee that Maryland imposed in April, 1991). Only broad-based taxes that are uniformly imposed on all providers or services in specified classes are allowed. Although these new rules took effect in January, 1992, states were allowed to continue existing tax and donation programs through the end of the fiscal year. Maryland's provider fee project ended on June 30, 1992.

The other provision of this law addressed supplemental Medicaid payments that states are required to make to hospitals that serve large proportions of Medicaid and other low-income patients. The law capped State Medicaid payments to these "disproportionate share hospitals" at 12% of total Medicaid payments or less (depending on a state's fiscal year 1992 payments). As a result, Maryland significantly changed its disproportionate share payment methodology for psychiatric and rehabilitation hospitals.

TABLES

The following tables give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 - 17 describe Program payments, enrollees, recipients, and services provided by eligibility category, residence and selected demographic characteristics. Tables 18 - 32 provide detailed information about specific services provided. Table 33 gives summary information on Medical Assistance enrollment during the year. Table 34 provides a summary of selected Medical Assistance Program data over a five year period. Tables 35 and 36 show summary data on Medicaid enrollment over a five year period, and Tables 37 and 38 show data on the Pharmacy Assistance Program.

Since fiscal year 1988 certain tables were changed or adjusted to include additional information. Data on SOBRA individuals (Pregnant Women and Children) is included on a few tables where information was available. On other tables that information is combined with category MAC (for children) and MAR (for adults). Not all source documents for this report have been revised to report on the SOBRA categories. Also on several tables, a new eligibility category (QMB) is listed for those individuals for whom the State pays Medicare cost-sharing expenses. This coverage was mandated by the Medicare Catastrophic Coverage Act of 1988.

The institution of the Provider Fee Project (PFP) increased total Medicaid payments, primarily to physicians, by \$26.9 million in fiscal year 1993. The amount of provider fee tax collected was \$24,791,371 for Physician, \$276,247 for Pharmacy, \$715,394 for Dental services, \$1,089,585 for Nursing Home, and \$6,488 for HMO. These amounts are included in all the following tables.

Program regulations were changed during fiscal year 1993 and effective 6/1/93 providers must submit claims within 9 months (rather than 6 months) after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics will still represent some services provided in the previous fiscal year. When major claims processing changes are instituted, delays in payment may also occur.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all the health care services they receive. The tables reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program, and do not include premiums paid for Part B of Medicare.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 1. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1993

ELIGIBILITY CATEGORY ¹																		
RESIDENCE OF ENROLLEE	All Categories	Federally Matched Categorically Needy						Federally Matched Medically Needy							Non-Federally Matched			
		OAA	PAMB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	SOBRA/A	SOBRA/C	QMB	GPA	STND1	SA
TOTAL STATE ²	433,805	19,712	353	58,625	33	249,128	16,942	10	10,806	6,896	11,981	7,580	7,303	26,096	5,412	7,488	5,134	307
BALTIMORE CITY	187,313	6,666	186	25,436	13	123,199	3,857	3	5,238	3,461	3,095	1,580	1,466	3,975	1,426	5,843	1,849	2
TOTAL COUNTIES	246,492	13,046	167	33,189	20	125,929	13,085	7	5,568	3,415	8,886	6,000	5,837	22,121	3,986	1,645	3,285	305
Allegany	10,028	279	8	1,367	0	5,035	600	0	187	50	436	203	234	1,067	248	74	230	10
Anne Arundel	21,743	765	3	3,136	1	11,785	1,020	1	482	245	755	490	486	1,736	313	256	270	0
Baltimore	39,285	1,853	56	5,111	3	21,442	2,674	1	939	479	1,110	789	885	2,461	740	315	408	20
Calvert	3,391	118	1	464	0	1,627	141	0	103	48	120	112	99	395	82	24	57	0
Caroline	2,666	224	2	446	0	1,201	119	0	38	12	104	62	67	298	65	7	21	0
Carroll	5,025	203	1	782	1	1,956	425	0	110	74	185	121	169	727	157	17	72	26
Cecil	5,785	177	2	637	0	2,821	194	0	97	129	312	159	214	786	125	40	88	4
Charles	7,346	253	2	872	1	4,244	259	0	174	74	313	196	145	474	121	62	146	10
Dorchester	4,130	344	0	430	1	2,209	218	0	52	32	155	46	86	327	127	22	71	12
Frederick	7,493	260	1	985	0	3,424	437	1	184	99	383	204	210	945	144	52	147	18
Garrett	3,648	149	1	488	2	1,213	200	0	86	40	180	138	124	831	80	16	96	5
Harford	9,363	241	4	1,265	0	4,630	439	0	190	190	423	293	200	1,101	186	53	138	11
Howard	5,717	362	2	842	1	2,510	353	0	147	103	316	214	168	469	87	29	80	35
Kent	1,328	99	2	178	0	460	85	0	25	8	97	48	39	202	58	4	23	0
Montgomery	31,305	3,623	22	4,319	2	13,327	2,202	1	913	427	1,078	1,054	673	2,649	304	234	448	30
Prince George's	52,313	2,256	46	6,924	5	31,023	1,767	1	1,072	1,051	1,657	1,022	1,140	3,389	214	278	424	45
Queen Anne's	2,172	137	1	255	0	920	129	0	57	22	138	57	60	269	164	12	36	0
St. Mary's	5,987	294	3	739	0	2,894	250	0	130	86	275	164	147	749	102	39	101	15
Somerset	3,193	271	1	391	1	1,549	191	0	59	17	125	90	63	278	95	9	49	6
Talbot	2,358	158	3	374	0	1,042	153	1	50	15	94	40	62	227	87	14	33	6
Washington	10,420	350	1	1,536	2	4,936	619	0	248	125	281	285	224	1,324	223	40	191	35
Wicomico	8,222	377	5	1,223	0	4,026	413	1	150	57	263	136	224	943	243	34	116	10
Worcester	3,574	253	0	425	0	1,655	197	0	75	32	90	82	123	478	105	14	40	7

¹ See Appendix A, Glossary of Terms for definitions of eligibility categories. Columns may not add due to averaging.

² Total enrollment includes average enrollment of 7,483 Qualified Medicare Beneficiaries (QMB).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

34

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1993

ELIGIBILITY CATEGORY	All Services	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Home & Community	Special Services
All Categories ¹	\$1,746,533,359	\$604,382,633	\$16,553,642	\$394,092,279	\$65,092,340	\$144,889,612	\$218,955,137	\$115,009,345	\$4,999,531	\$140,034,009	\$42,524,831
Federally Matched Categorically Needy	845,748,988	302,266,679	4,048,157	52,384,812	27,564,565	101,293,237	139,385,876	74,551,534	3,684,436	111,439,094	29,130,498
OAA	80,358,493	12,328,993	1,488,092	28,148,136	368,958	3,414,773	5,769,456	12,832,264	43,326	13,927,047	2,037,448
PANB	1,778,772	443,479	0	295,592	73,211	130,252	158,350	181,772	1,849	396,377	97,890
APTD	449,683,550	150,111,306	2,183,566	24,172,076	27,090,714	34,048,049	59,658,180	41,452,096	401,352	94,640,277	15,925,934
EP	11,135	-2,267	0	55	0	-1,940	-2,982	16,832	61	2,939	-1,562
AFDC/ADULT	131,271,770	51,388,069	376,498	-68,679	0	31,744,254	29,440,643	11,285,464	552,176	778,899	5,774,445
AFDC/CHILD	182,645,267	87,997,098	0	-162,369	31,682	31,957,849	44,362,230	8,783,207	2,685,672	1,693,555	5,296,343
Federally Matched Medically Needy	871,023,616	297,560,694	12,514,202	341,606,815	37,521,930	41,295,394	63,629,393	35,449,549	1,023,969	28,597,162	11,824,508
MAO	365,424,294	25,361,814	6,248,451	303,433,461	140,458	1,049,474	4,439,425	19,375,681	27,048	1,518,342	3,830,142
MAB	218,092	90,948	0	94,724	0	12,593	6,827	12,491	37	0	472
MAD	233,483,705	98,850,171	3,767,824	38,045,145	37,058,712	9,777,734	12,813,121	9,335,816	64,324	20,599,507	3,171,352
MAFC	68,834,996	54,989,562	2,005,930	4,014	322,760	4,363,799	4,693,574	1,007,859	248,244	454,510	744,744
MAC	44,194,873	28,352,087	453,060	14,048	0	2,841,471	3,951,584	1,969,363	263,752	5,250,084	1,099,425
MAR	29,451,598	18,722,400	27,603	15,424	0	3,889,666	4,165,029	1,857,909	86,025	165,503	522,039
SOBRA/ADULT ²	69,311,304	33,566,677	4,992	0	0	13,183,100	20,395,234	657,654	82,360	136,859	1,284,427
SOBRA/CHILD ³	56,250,122	36,141,589	3,409	0	0	5,501,639	11,722,466	1,232,776	251,178	472,357	924,709
QMB	3,854,632	1,485,446	2,934	0	0	675,918	1,442,133	0	1,001	0	247,200
Non-Federally Matched	29,760,755	4,555,260	-8,717	100,652	5,845	2,300,981	15,939,869	5,008,162	291,126	-2,248	1,569,825
GPA	15,680,915	917,869	0	34,610	0	1,527,957	8,840,399	3,178,426	171,171	-25,793	1,036,276
STD 1	13,671,110	3,382,730	-8,717	66,042	5,845	747,802	7,033,527	1,798,781	113,681	22,519	508,899
SA	408,731	254,660	0	0	0	25,222	65,943	30,956	6,274	1,026	24,650

¹ Payments do not include capitation payments for health maintenance organizations, but do include Provider Fee Project payments.

² Payments for SOBRA/ADULT may be included under "MAR" in other tables where specific information on SOBRA is not available.

³ Payments for SOBRA/CHILD may be included under "MAC" in other tables where specific information on SOBRA is not available.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

Page 1 of 2

TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1993

RESIDENCE OF ENROLLEE	All Categories ¹	Federally Matched Categorically Needy					Non-Federally Matched		
		<u>OAA</u>	<u>PANB</u>	<u>APTD</u>	<u>EP</u>	<u>AFDC</u>	<u>GPA</u>	<u>STD 1</u>	<u>BA</u>
TOTAL STATE	\$1,746,533,359	\$80,358,493	\$1,778,772	\$449,683,550	\$11,135	\$313,917,004	\$15,680,915	\$13,671,110	\$408,731
Baltimore City	641,010,237	30,753,128	1,079,842	196,148,299	8,657	134,810,650	10,097,249	5,339,432	91,468
Total Counties	1,105,523,121	49,605,366	698,930	253,535,251	2,479	179,106,386	5,583,666	8,331,677	317,262
Allegany	40,863,644	1,538,611	115,439	8,870,278	-1,204	7,323,163	241,765	387,626	4,093
Anne Arundel	97,228,233	2,767,828	1,044	24,351,908	-624	15,842,093	854,292	794,278	66
Baltimore	186,314,014	7,291,645	154,785	39,254,949	-6,349	28,953,843	973,260	1,320,419	12,872
Calvert	15,997,605	446,017	8,965	3,704,920	-170	2,337,480	100,869	197,954	0
Caroline	13,770,364	1,417,638	1,964	3,589,648	-1,092	2,321,366	113,315	59,844	859
Carroll	28,674,147	1,023,711	34,145	7,023,510	57	2,908,016	61,076	184,354	57,081
Cecil	24,242,446	751,670	3,757	5,744,153	-4,597	4,877,563	105,451	287,176	584
Charles	29,173,575	1,160,250	24,128	7,111,447	1,916	6,122,178	241,006	346,511	17,165
Dorchester	18,496,307	1,941,295	0	3,941,219	2,660	3,590,423	60,678	120,006	9,818
Frederick	36,575,026	1,804,852	6,626	9,572,959	-2,182	4,376,641	195,816	296,356	4,993
Garrett	16,449,178	596,760	86	3,638,324	7,879	1,937,173	73,486	160,968	882
Harford	41,385,249	1,084,853	2,234	9,800,715	-724	7,273,412	213,356	320,767	6,258
Howard	25,842,272	1,206,292	11,785	6,655,501	-553	2,957,188	96,222	240,555	98,893
Kent	6,340,618	355,235	2,326	1,345,328	550	915,794	11,852	41,389	0
Montgomery	153,923,187	10,833,711	19,902	30,717,135	-48	18,584,317	755,160	942,425	9,844
Prince George's	210,572,021	7,280,694	240,058	49,059,826	2,973	42,020,253	926,197	1,522,558	22,449
Queen Anne's	9,119,434	508,017	149	1,924,857	-119	1,062,716	69,065	84,041	0
St. Mary's	25,631,137	1,613,109	19,593	6,373,741	-48	5,025,353	123,697	179,600	7,249
Somerset	13,839,089	976,867	94	2,380,570	2,329	2,327,900	26,145	80,567	3,188
Talbot	12,572,462	771,790	7,167	3,329,448	-629	1,993,171	53,155	72,033	9,896
Washington	49,810,389	2,061,552	2,879	13,301,305	4,839	7,911,292	138,744	370,092	33,114
Wicomico	34,916,091	1,359,205	41,805	8,644,512	-1,689	6,215,905	107,407	222,019	7,262
Worcester	14,786,334	813,765	0	3,198,999	-696	2,029,149	41,654	100,138	10,597

¹ Payments do not include capitation payments for health maintenance organizations, but do include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

Page 2 of 2

36

TABLE 3. PAYMENTS BY RESIDENCE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1992 (Cont'd.)

	Federally Matched Medically Needy								
	<u>MAO</u>	<u>MAB</u>	<u>MAD</u>	<u>MAFC</u>	<u>MAC</u>	<u>MAR</u>	<u>SOBRA/ADULT</u>	<u>SOBRA/CHILD</u>	<u>QMB</u>
TOTAL STATE	\$365,424,294	\$218,092	\$233,483,705	\$68,834,996	\$44,194,873	\$29,451,598	\$69,311,304	\$56,250,122	\$3,854,632
Baltimore City	93,194,657	44,741	93,289,305	25,096,213	15,147,585	8,814,964	15,614,479	10,379,846	1,099,723
Total Counties	272,229,638	173,351	140,194,400	43,738,783	29,047,288	20,636,634	53,696,825	45,870,276	2,754,909
Allegany	12,814,708	0	4,237,156	581,679	594,419	657,332	1,682,694	1,405,131	210,754
Anne Arundel	22,790,040	25,525	12,717,766	4,110,066	2,325,898	1,605,536	4,813,386	4,062,519	166,614
Baltimore	58,914,728	69,020	22,368,414	5,594,076	4,162,250	3,073,734	8,251,830	5,346,231	578,306
Calvert	2,851,949	253	1,959,173	727,241	628,992	346,476	1,031,558	610,168	46,059
Caroline	2,712,681	25	1,294,644	398,636	191,189	195,182	663,479	770,827	40,158
Carroll	9,948,038	0	2,687,464	883,009	844,890	609,600	1,403,920	889,934	115,333
Cecil	3,992,764	0	2,988,194	1,261,919	775,303	494,209	1,572,251	1,287,938	104,011
Charles	5,326,981	0	2,744,342	1,468,762	647,275	641,692	1,359,026	1,882,936	77,961
Dorchester	4,629,502	0	1,906,598	505,082	305,963	195,954	544,358	671,416	71,335
Frederick	8,969,624	2,074	5,059,242	1,756,212	934,274	693,458	1,550,338	1,253,052	100,693
Garrett	4,026,263	0	2,817,535	393,655	631,165	472,056	927,110	724,293	41,543
Harford	8,991,279	544	4,637,890	2,269,550	1,629,270	1,117,327	2,230,946	1,693,920	113,651
Howard	6,467,877	1,957	2,963,083	1,121,777	638,747	687,258	1,464,627	1,165,669	65,396
Kent	1,846,305	0	852,545	7,825	208,830	138,624	285,318	289,247	39,449
Montgomery	42,550,763	19,932	20,589,969	8,912,755	3,859,856	2,866,795	6,378,812	6,605,491	276,370
Prince George's	36,700,230	14,786	31,386,187	7,404,165	7,205,099	4,216,845	11,671,578	10,747,932	150,193
Queen Anne's	2,459,117	0	1,172,306	373,974	217,295	266,206	475,197	457,557	49,057
St. Mary's	4,465,761	0	2,700,695	1,296,411	764,729	299,767	1,365,682	1,353,977	41,823
Somerset	4,493,565	0	1,216,437	259,098	207,228	275,866	675,091	857,120	57,024
Talbot	3,002,136	20,807	1,227,961	622,642	367,969	146,188	458,246	446,865	43,617
Washington	12,269,577	0	6,658,257	1,531,661	917,843	931,674	2,046,646	1,515,500	115,413
Wicomico	8,227,186	18,430	3,992,456	1,792,563	712,200	506,458	1,702,464	1,195,877	172,032
Worcester	3,778,564	0	2,016,088	466,027	276,604	198,397	1,142,257	636,675	78,117

Payments do not include capitation payments for health maintenance organizations, but do include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 4. PAYMENTS BY RESIDENCE AND SERVICE: FISCAL YEAR 1993

RESIDENCE OF ENROLLEES	All Services ¹	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
TOTAL STATE	\$1,746,533,359	\$604,382,633	\$16,553,642	\$394,092,279	\$65,092,340	\$144,889,612	\$218,955,137	\$115,009,345	\$4,999,531	\$140,034,009	\$42,524,831
Baltimore City	641,010,237	257,729,617	5,554,653	105,657,614	16,063,938	73,213,436	75,858,610	40,403,188	1,774,615	47,566,286	17,188,280
Total Counties	1,105,523,121	346,653,016	10,998,990	288,434,665	49,028,402	71,676,177	143,096,527	74,606,156	3,224,916	92,467,722	25,336,551
Allegany	40,863,644	8,069,495	851,797	13,112,742	2,720,865	3,195,408	6,061,080	3,426,368	198,851	2,530,151	696,886
Anne Arundel	97,228,233	33,940,592	1,039,326	23,816,744	2,161,834	6,006,724	12,244,271	6,326,136	353,617	8,850,637	2,488,352
Baltimore	186,314,014	51,777,917	976,420	59,114,077	6,811,160	15,403,060	20,998,207	12,089,228	555,846	14,386,605	4,201,493
Calvert	14,997,905	4,534,511	68,321	3,158,818	218,193	887,619	2,534,016	1,091,821	57,190	2,031,636	415,779
Caroline	13,770,364	3,887,495	136,561	3,633,732	1,126,492	714,788	1,902,720	961,144	25,159	995,799	386,475
Carroll	28,674,147	6,434,518	256,538	10,183,829	629,437	1,164,194	3,562,990	2,171,670	64,538	3,639,621	566,812
Cecil	24,242,446	7,860,934	364,401	4,253,190	2,020,989	1,912,390	3,998,698	1,806,780	86,807	1,476,909	461,347
Charles	29,173,575	10,169,748	89,141	6,090,768	567,978	1,890,141	4,441,811	2,031,756	104,359	2,952,498	835,374
Dorchester	18,496,307	5,446,651	317,546	4,882,741	768,551	1,038,418	2,400,837	1,441,049	49,537	1,765,908	385,069
Frederick	36,575,026	8,373,798	640,152	10,050,322	1,846,339	2,031,955	6,793,928	2,485,118	73,321	3,752,302	527,790
Garrett	16,449,178	4,019,756	250,397	4,849,036	644,554	1,355,941	2,142,981	1,342,213	66,249	1,400,344	377,707
Harford	41,385,249	13,682,156	225,518	9,764,493	1,043,589	3,013,303	5,388,227	3,117,350	134,492	3,993,205	1,022,916
Howard	25,842,272	7,815,554	171,383	6,626,564	703,988	1,371,803	3,394,700	2,004,594	66,392	3,211,032	476,262
Kent	6,340,618	1,848,952	35,561	1,741,175	464,065	278,478	737,555	505,582	13,996	568,165	147,088
Montgomery	153,923,188	49,862,518	1,220,100	44,962,920	6,994,797	7,749,119	17,676,096	10,527,668	401,974	11,505,841	3,022,155
Prince George's	210,572,021	86,268,924	1,362,982	40,887,179	9,077,728	15,290,966	25,786,283	11,515,974	538,407	15,008,673	4,834,904
Queen Anne's	9,119,434	2,461,542	59,459	2,503,420	573,812	472,935	1,360,018	758,951	18,380	698,335	212,582
St. Mary's	25,631,137	7,955,708	296,633	5,275,865	1,094,521	1,711,095	4,563,952	1,825,729	55,658	2,111,170	740,807
Somerset	13,839,089	3,498,031	197,637	4,382,731	462,634	671,127	1,991,287	992,972	53,061	971,606	618,004
Taibot	12,572,462	3,231,357	127,940	3,387,098	1,540,903	629,390	1,587,306	774,004	15,786	1,031,437	247,241
Washington	49,810,389	11,161,472	1,649,579	13,341,898	3,074,773	2,715,819	6,400,255	3,842,758	132,148	6,630,769	860,918
Wicomico	34,916,091	10,647,760	534,784	8,190,883	2,966,188	1,562,122	4,927,231	2,512,917	114,133	2,276,627	1,183,446
Worcester	14,786,334	3,703,626	126,814	4,224,439	1,515,012	609,381	2,202,078	1,054,374	45,016	678,452	627,142

¹ Payments do not include capitation payments for health maintenance organizations, but do include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL ASSISTANCE PROGRAM

TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1993

ELIGIBILITY CATEGORY	TYPE OF SERVICE										
	All Services ²	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
All Categories ¹	\$4,026	\$1,393	\$38	\$908	\$150	\$334	\$505	\$265	\$12	\$323	\$98
Federally Matched Categorically Needy	2,580	922	12	160	84	309	425	227	11	340	89
OAA	4,077	625	75	1,428	19	173	293	651	2	707	103
PANB	5,039	1,256	0	837	207	369	449	515	5	1,123	277
APTD	7,671	2,561	37	412	462	581	1,018	707	7	1,614	272
EP	337	-69	0	2	0	-59	-90	510	2	89	-47
AFDC/ADULT	1,823	714	5	-1	0	441	409	157	8	11	80
AFDC/CHILD	1,031	497	0	-1	0	180	250	50	15	10	30
Federally Matched Medically Needy	9,363	3,199	135	3,672	403	444	684	381	11	307	127
MAO	21,569	1,497	369	17,910	8	62	262	1,144	2	90	226
MAB	19,827	8,268	0	3,611	0	1,145	621	1,136	3	0	43
MAD	21,607	9,148	349	3,521	3,429	905	1,186	864	6	1,906	293
MAFC	9,982	7,974	291	1	47	633	681	146	36	66	108
MAC	3,689	2,366	38	1	0	237	330	164	22	438	92
MAR	3,885	2,470	4	2	0	513	549	245	11	22	69
SOBRA/ADULT	9,491	4,596	1	0	0	1,805	2,793	90	11	19	176
SOBRA/CHILD	2,156	1,385	0	0	0	211	449	47	10	18	35
QMB	712	274	1	0	0	125	266	0	0	0	46
Non-Federally Matched	2,302	352	-1	8	0	178	1,233	387	23	0	121
GPA	2,094	123	0	5	0	204	1,181	424	23	-3	138
STD 1	2,663	659	-2	13	0	146	1,370	350	22	4	99
SA	1,331	830	0	0	0	82	215	101	20	3	80

¹See Appendix, Glossary of Terms, for definition of eligibility categories.²Average payments do not include capitation payments for health maintenance organizations, but do include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1993

RESIDENCE OF ENROLLEE	All Categories	ELIGIBILITY CATEGORY ¹														Non-Federally Matched		
		Federally Matched Categorically Needy						Federally Matched Medically Needy										
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	SOBRA/A	SOBRA/C	OMB	GPA	STND1	SA
TOTAL STATE ²	\$4,026	\$4,077	\$5,039	\$7,671	\$337	\$1,260	\$21,569	\$19,827	\$21,607	\$9,982	\$8,384	\$13,029	\$9,491	\$2,156	\$712	\$2,094	\$2,663	\$1,331
BALTIMORE CITY	3,422	4,613	5,806	7,711	666	1,094	24,162	14,914	17,810	7,209	8,248	15,467	10,655	2,611	771	1,728	2,888	45,734
TOTAL COUNTIES	4,485	3,802	4,185	7,639	124	1,422	20,805	24,764	25,179	12,808	8,430	12,387	9,199	2,074	691	3,394	2,536	1,040
Allegany	4,075	5,515	14,430	6,489	0	1,494	21,358	0	22,659	11,634	4,576	11,527	7,191	1,317	850	3,267	1,685	409
Anne Arundel	4,472	3,618	348	7,765	-624	1,344	22,343	25,525	26,385	16,776	8,461	13,113	9,914	2,340	532	3,337	2,942	0
Baltimore	4,743	3,935	2,764	7,680	-2,116	1,350	22,032	69,020	23,822	11,679	8,566	14,363	9,329	2,172	781	3,090	3,236	644
Calvert	4,423	3,780	8,965	7,985	0	1,437	20,227	0	19,021	15,151	10,326	12,359	10,473	1,545	562	4,203	3,473	0
Caroline	5,165	6,329	982	8,049	0	1,933	22,796	0	34,070	33,220	9,250	13,962	9,977	2,587	618	16,188	2,850	0
Carroll	5,706	5,043	34,145	8,981	57	1,487	23,407	0	24,431	11,933	9,377	16,710	8,322	1,224	735	3,593	2,560	2,195
Cecil	4,191	4,247	1,879	9,018	0	1,729	20,581	0	30,806	9,782	6,624	12,997	7,347	1,640	832	2,636	3,263	171
Charles	3,971	4,586	12,064	8,155	1,916	1,443	20,567	0	15,772	19,848	8,084	10,208	9,373	3,972	644	3,887	2,373	1,716
Dorchester	4,479	5,643	0	9,166	2,660	1,625	21,236	0	36,665	15,784	6,326	16,271	6,367	2,056	562	2,758	1,690	618
Frederick	4,881	6,942	6,626	9,719	0	1,278	20,525	2,074	27,496	17,740	5,718	10,999	7,383	1,327	699	3,766	2,016	277
Garrett	4,509	4,005	86	7,456	3,940	1,597	20,131	0	32,762	9,841	7,530	10,139	7,477	872	519	4,593	1,677	176
Harford	4,420	4,501	559	7,748	0	1,571	20,481	0	24,410	11,945	7,866	11,428	11,155	1,539	611	4,026	2,324	569
Howard	4,520	3,332	5,892	7,904	-553	1,178	18,323	0	20,157	10,891	5,710	10,079	8,744	2,485	752	3,318	3,007	2,826
Kent	4,775	3,588	1,163	7,558	0	1,991	21,721	0	34,102	978	5,135	8,832	7,316	1,432	680	2,963	1,800	0
Montgomery	4,917	2,990	905	7,112	-24	1,394	19,324	19,932	22,552	20,873	9,713	8,772	9,478	2,494	909	3,227	2,104	328
Prince George's	4,025	3,227	5,219	7,085	595	1,354	20,770	14,786	29,278	7,045	10,835	15,539	10,243	3,171	702	3,332	3,591	499
Queen Anne's	4,199	3,708	149	7,548	0	1,155	19,063	0	20,567	16,999	4,890	13,122	7,986	1,701	613	5,755	2,334	0
St. Mary's	4,281	5,487	6,531	8,625	0	1,736	17,863	0	20,775	15,075	7,718	10,155	9,290	1,809	410	3,172	1,778	483
Somerset	4,334	3,605	94	6,088	2,329	1,503	23,527	0	20,618	15,241	8,549	10,566	10,716	3,089	600	2,905	1,644	531
Talbot	5,332	4,885	2,389	8,902	0	1,913	19,622	20,807	24,559	41,509	8,715	15,111	7,391	1,973	501	3,797	2,183	1,649
Washington	4,780	5,890	2,879	8,660	2,419	1,603	19,822	0	26,848	12,253	8,660	10,450	9,137	1,145	518	3,469	1,938	946
Wicomico	4,247	3,605	8,361	7,068	0	1,544	19,921	18,430	26,616	31,448	7,255	16,242	7,600	1,268	708	3,159	1,914	726
Worcester	4,137	3,216	0	7,527	0	1,226	19,181	0	26,881	14,563	10,204	16,450	9,325	1,333	744	2,975	2,503	1,514

¹ See Appendix A, Glossary of Terms for definitions of eligibility categories.

² Average cost per SOBRA/A and SOBRA/C separated from MAC and MAR averages.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

40

TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1993

RESIDENCE OF ENROLLEE	All Services ¹	Hospital Inpatient	State Hospital	Nursing Facility	ICF-MR	Hospital Outpatient	Physician	Pharmacy	Dental	Community Health	Special Services
Total State	\$4,026	\$1,393	\$38	\$908	\$150	\$334	\$505	\$265	\$12	\$323	\$98
Baltimore City	3,422	1,376	30	564	86	391	405	216	9	254	92
Total Counties	4,485	1,406	45	1,170	199	291	581	303	13	375	103
Allegany	4,075	805	85	1,308	271	319	604	342	20	252	69
Anne Arundel	4,472	1,561	48	1,095	99	276	563	291	16	407	114
Baltimore	4,743	1,318	25	1,505	173	392	535	308	14	366	107
Calvert	4,423	1,337	20	932	64	262	747	322	17	599	123
Caroline	5,165	1,458	51	1,363	423	268	714	361	9	374	145
Carroll	5,706	1,281	51	2,027	125	232	709	432	13	724	113
Cecil	4,191	1,359	63	735	349	331	691	312	15	255	80
Charles	3,971	1,384	12	829	77	257	605	277	14	402	114
Dorchester	4,479	1,319	77	1,182	196	251	581	349	12	428	93
Frederick	4,881	1,118	85	1,341	246	271	907	332	10	501	70
Garrett	4,509	1,102	69	1,329	177	372	587	368	18	384	104
Harford	4,420	1,461	24	1,043	111	322	575	333	14	426	109
Howard	4,520	1,367	30	1,159	123	240	594	351	12	562	83
Kent	4,775	1,392	27	1,311	349	210	555	381	11	428	111
Montgomery	4,917	1,593	39	1,436	223	248	565	336	13	368	97
Prince George's	4,025	1,649	26	782	174	292	493	220	10	287	92
Queen Anne's	4,199	1,133	27	1,153	264	218	626	349	8	322	98
St. Mary's	4,281	1,329	50	881	183	286	762	305	9	353	124
Somerset	4,334	1,096	62	1,373	145	210	624	311	17	304	194
Talbot	5,332	1,370	54	1,436	653	267	673	328	7	437	105
Washington	4,780	1,071	158	1,280	295	261	614	369	13	636	83
Wicomico	4,247	1,295	65	996	361	190	599	306	14	277	144
Worcester	4,137	1,036	35	1,182	424	171	616	295	13	190	175

¹ Does not include capitation payments for health maintenance organizations. Payments include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 8. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1993

RESIDENCE OF ENROLLEE	Gen. Hosp. Days	Nurs. Fac. Days	ICF-MR Days	Hosp OPD Visits	ER Visits	Physician Visits	Pharmacy Invoices	Dental Services	Home Health	Day Care Days	Personal Care Days	Waiver Services
Total State	522,684	6,293,441	332,335	297,242	211,655	854,678	4,439,088	460,808	157,557	392,711	844,037	1,521,068
Baltimore City	223,636	1,587,939	82,261	202,892	73,710	211,206	1,478,812	156,269	82,863	144,071	440,516	433,552
Total Counties	299,048	4,705,502	250,074	94,350	137,945	643,472	2,960,276	304,539	74,694	248,640	403,521	1,087,516
Allegany	10,435	224,076	14,010	358	9,482	29,818	152,677	19,975	1,438	15,157	23,284	18,123
Anne Arundel	26,484	382,210	10,940	6,026	9,782	60,672	246,841	31,110	4,316	32,677	25,798	106,015
Baltimore	46,072	977,174	35,033	42,778	17,736	77,597	475,706	49,858	16,637	33,718	64,873	160,520
Calvert	4,104	51,738	1,086	377	1,825	11,340	44,621	4,317	696	2,804	10,866	23,046
Caroline	3,063	58,104	5,775	220	894	7,927	40,965	2,687	230	4,741	8,849	6,774
Carroll	5,107	160,619	3,235	951	1,931	16,571	78,152	6,571	1,292	2,308	8,478	58,005
Cecil	6,195	72,791	10,299	702	5,369	21,791	75,538	7,178	4,335	3,286	895	18,375
Charles	8,548	94,716	2,870	2,915	4,608	21,045	79,045	10,342	954	6,189	10,023	29,096
Dorchester	5,584	78,061	3,846	253	2,055	13,993	55,390	5,189	485	11,174	26,955	7,945
Frederick	7,691	168,516	9,365	481	5,727	22,671	101,164	7,142	1,800	22,096	11,275	29,755
Garrett	3,811	79,529	3,278	65	5,566	12,794	56,537	6,393	1,566	622	6,932	14,446
Harford	10,845	159,021	5,262	6,170	3,636	33,625	125,163	11,157	3,980	10,521	23,252	60,674
Howard	5,561	106,300	3,652	1,238	2,096	16,699	73,613	6,210	2,997	6,980	2,089	39,536
Kent	1,639	29,000	2,308	61	722	3,226	21,414	1,437	65	2,451	6,919	5,604
Montgomery	40,284	715,203	35,905	5,404	14,645	79,064	393,899	35,901	9,852	21,754	39,417	148,493
Prince George's	73,896	620,401	46,296	24,433	33,830	109,708	465,351	58,995	13,457	23,411	32,487	219,186
Queen Anne's	2,219	46,222	2,895	118	853	7,313	31,329	2,023	525	5,344	4,663	3,613
St. Mary's	8,347	93,536	5,540	350	3,274	25,552	74,720	5,582	2,232	8,639	8,155	27,464
Somerset	2,943	68,847	2,365	166	1,063	8,090	45,621	3,654	473	3,020	18,324	9,179
Talbot	2,655	60,548	7,729	147	983	7,685	32,755	1,865	546	3,060	4,395	11,765
Washington	9,927	236,910	15,695	484	7,601	29,114	146,192	11,827	2,742	11,567	27,752	67,642
Wicomico	9,968	143,651	14,988	471	3,246	19,764	99,144	11,032	2,808	13,985	29,777	16,225
Worcester	3,670	78,329	7,702	182	1,021	7,413	44,439	3,7094	1,068	3,136	8,063	6,035

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 9. SELECTED RECIPIENTS AND DAYS OF INSTITUTIONAL CARE BY TYPE OF CARE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1993

ELIGIBILITY CATEGORY	General Hospitals		Total Days of Care	Inpatient M.H.		Nursing Home ICF/SNF		ICF-MR	
	Recipients Discharged	Number of Discharges		Recipients	Days of Care	Recipients	Days of Care	Recipients	Days of Care
Total - All Categories	76,363	103,722	543,860	2,210	328,542	28,075	6,304,606	1,004	332,181
Federally Matched Categorically Needy	31,886	47,795	277,091	638	71,597	2,958	669,504	414	135,735
OAA	820	1,218	10,659	42	16,766	1,681	367,864	5	1,811
PANB/EP	29	54	559	1	0	13	3,286	1	359
APTD	9,248	18,436	156,622	136	18,899	1,250	297,200	407	133,416
AFDC/ADULT	12,029	15,865	53,469	14	379	8	889	0	0
AFDC/CHILD	9,760	12,222	55,792	445	35,553	6	265	1	149
Federally Matched Medically Needy	40,869	51,401	240,283	1,342	248,667	24,658	5,618,217	588	196,415
MAO	515	831	10,701	159	54,925	22,402	5,046,786	2	730
MAB	2	6	47	0	0	5	1,656	0	0
MAD	3,797	7,123	73,322	26	2,856	2,249	569,747	580	194,006
MAFC/MAC	815	1,086	8,169	1,128	187,838	0	0	6	1,679
MAR	2,668	3,730	17,421	4	199	2	28	0	0
SOBRA/ADULT	10,900	12,953	29,493	4	636	0	0	0	0
SOBRA/CHILD	22,172	25,672	101,130	21	2,213	0	0	0	0
Non-Federally Matched	3,608	4,526	26,486	230	8,278	459	16,885	2	31
GPA	724	976	6,363	5	214	10	678	0	0
STD 1	2,880	3,546	20,095	221	7,641	449	16,207	2	31
SA	4	4	28	4	423	0	0	0	0

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1993

ALL SERVICES	Total Recipients ¹	ELIGIBILITY CATEGORY											STD 1	SA	SOBRA	
		OAA	PANB/EP	APTD	AFDC ADULT	AFDC CHILD	MAO	MAB	MAD	MAFC/MAC	MAR	GPA			ADULT	CHILD
One of More Types of Service	527,571	21,437	326	53,269	71,563	172,572	27,099	16	13,268	8,243	11,940	22,852	41,887	236	22,459	60,371
Inpatient Hospital ²	100,105	5,899	64	14,250	12,811	11,197	6,084	6	5,399	2,054	3,104	1,061	4,464	10	11,241	22,461
Outpatient Hospital	221,255	11,959	162	33,280	36,019	61,400	7,125	9	6,820	4,098	5,753	4,734	10,025	41	15,166	24,644
Nursing Facility	28,075	1,681	13	1,250	8	6	22,402	5	2,249	0	2	10	449	0	0	0
ICF-MR	1,004		1	407	0	1	2	0	580	6	0	0	2	0	0	0
Home Health	5,324	121	7	2,099	447	649	45	0	457	87	100	35	174	0	379	724
Day Care	2,602	694	16	1,492	4	5	172	0	177	0	6	2	34	0	0	0
Personal Care	4,473	1,685	30	2,272	30	19	220	0	146	6	3	4	55	1	1	1
Physician Services	346,910	18,236	239	42,287	45,933	92,950	15,722	13	10,373	5,578	8,746	19,480	25,090	175	18,177	43,911
Clinic Services	99,456	1,040	37	13,806	15,180	29,363	327	0	2,527	2,707	2,236	6,912	5,296	26	9,801	10,198
EPSDT Services	89,130	3	7	1,570	47	51,273	17	0	39	2,735	50	4	2,147	74	324	30,842
Rural Health	364	13	0	39	44	112	1	0	2	2	8	2	29	1	11	100
Pharmacy	334,052	16,875	257	45,023	47,297	93,937	19,501	12	9,591	5,255	7,479	12,866	20,058	182	15,400	40,319
Dental Services	61,969	621	37	5,221	7,404	32,572	424	1	788	2,737	860	1,842	3,080	80	1,417	4,885
Lab & X-Ray	127,737	2,534	70	14,839	24,811	36,938	5,962	2	3,545	2,781	3,412	5,297	6,526	39	10,755	10,226
Vision Care	44,041	2,822	29	7,981	7,131	13,341	1,067	0	1,238	1,093	1,456	2,363	2,843	36	1,254	1,387
Amb/WCV/Trans	86,239	4,037	85	13,493	15,866	31,111	8,414	2	2,606	849	575	149	2,300	7	1,581	5,164
Physical Therapist	2,651	250	4	463	198	70	1,038	0	242	8	38	124	181	0	16	19
Podiatry	16,373	2,988	21	3,650	764	286	6,511	2	1,108	33	118	295	481	3	87	26
DMS/DME/Oxygen	22,437	2,874	37	7,239	1,117	2,300	3,128	1	1,453	205	252	599	1,065	7	297	1,863
Waivers/Case Mgmt	9,174	445	6	3,225	856	835	120	0	771	103	167	155	243	1	1,877	370
HMO	100,072	496	33	4,395	24,687	56,792	18	0	307	109	564	138	4,008	0	770	7,755

¹ Total recipients exclude Qualified Medicare Beneficiaries.

² Recipients of Inpatient Hospital include all hospital facilities(general, special, and State facilities).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 11. PAYMENTS, RECIPIENTS, AND AVERAGE PAYMENT PER RECIPIENT OF SERVICE BY RACE: FISCAL YEAR 1993

Type of Service	<u>Payments</u>				<u>Recipients</u>				<u>Average Payment</u>			
	<u>Total Payments</u>	<u>White Recipients</u>	<u>AfrAm Recipients</u>	<u>Other Recipients</u>	<u>All Recip</u>	<u>White Recip</u>	<u>AfrAm Recip</u>	<u>Other Recip</u>	<u>All Recip</u>	<u>White Recip</u>	<u>AfrAm Recip</u>	<u>Other Recip</u>
Type of Service	\$1,881,154,436 ¹	\$926,039,191	\$896,723,934	\$58,391,310	527,571	203,699	301,002	22,870	\$3,566	\$4,546	\$2,979	\$2,553
Inpatient Hospital ²	620,936,275	255,074,120	338,286,708	27,575,447	100,105	44,481	50,956	5,568	6,203	5,734	6,758	4,952
Outpatient Hospital	144,889,612	55,647,973	84,280,908	4,960,730	221,255	92,020	120,456	8,779	655	605	700	565
Nursing Facility	394,092,279	283,546,612	105,817,228	4,728,438	28,075	20,848	6,943	284	14,037	13,601	15,241	16,649
ICF-MR	65,092,340	47,912,730	16,695,955	483,655	1,004	737	259	8	64,833	65,010	64,463	60,457
Home Health	10,896,052	3,942,098	6,553,718	400,236	5,324	1,811	3,202	311	2,047	2,177	2,047	1,287
Day Care	18,095,953	9,604,700	8,060,593	430,660	2,602	1,380	1,158	64	6,955	6,960	6,961	6,729
Personal Care	18,894,191	7,833,242	10,531,108	529,841	4,473	1,878	2,465	130	4,224	4,171	4,272	4,076
Physician Services	138,596,130	61,511,073	69,781,893	7,303,164	346,910	154,279	174,358	18,273	400	399	400	400
Clinic Services	72,728,339	35,666,993	34,961,602	2,099,744	99,456	38,443	57,442	3,571	731	928	609	588
EPSDT Services	7,597,518	3,485,779	3,675,793	435,946	89,130	38,328	46,552	4,250	85	91	79	103
Rural Health	33,150	12,349	19,886	915	364	133	219	12	91	93	91	76
Pharmacy	115,009,825	61,770,887	48,102,229	5,136,708	334,052	149,096	168,371	16,585	344	414	286	310
Dental Services	4,999,531	2,138,423	2,640,269	220,839	61,969	26,092	33,514	2,363	81	82	79	93
Lab & X-Ray	8,968,248	3,488,751	5,042,433	437,064	127,737	51,614	69,909	6,214	70	68	72	70
Vision Care	2,232,136	918,948	1,208,499	104,689	44,041	18,491	23,577	1,973	51	50	51	53
Amb/WCV/Trans	15,384,460	5,156,937	9,979,518	248,004	86,239	23,192	61,945	1,102	178	222	161	225
Physical Therapist	821,104	427,317	380,843	12,943	2,651	1,541	1,055	55	310	277	361	235
Podiatry	-204,114	-111,080	-88,548	-4,486	16,373	9,494	6,518	361	-12	-12	-14	-12
DMS/DME/Oxygen	15,322,997	7,133,705	7,562,061	627,231	22,437	10,588	11,095	754	683	674	682	832
Waivers/Case Mgmt	92,147,812	65,682,934	24,664,504	1,800,374	9,174	4,046	4,119	1,009	10,044	16,234	5,988	1,784
HMO	134,620,598	15,194,698	118,566,732	859,168	100,072	12,971	86,400	701	1,345	1,171	1,372	1,226

¹ Includes payments for health maintenance organizations and Provider Fee Project payments.

² Inpatient Hospital includes all hospital facilities (general, special and State facilities).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 12. PAYMENTS FOR SERVICES BY AGE, RACE AND SEX OF RECIPIENT:
FISCAL YEAR 1993

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT									
	Total	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total [*]	\$1,881,154,436	\$102,329,273	\$134,018,232	\$127,109,337	\$135,320,059	\$576,290,533	\$297,864,989	\$139,341,182	\$178,178,903	\$190,701,951
White	926,709,966	30,635,610	45,022,410	51,651,220	60,095,865	253,448,476	145,011,321	75,626,879	119,722,148	145,496,038
Male	346,521,966	16,935,719	25,503,623	33,564,872	25,207,994	105,481,710	63,614,581	26,240,692	29,729,216	20,245,559
Female	580,186,000	13,699,891	19,518,787	18,086,349	34,887,870	147,966,766	81,396,740	49,386,187	89,992,932	125,250,479
Black	896,241,955	67,005,365	83,455,518	71,733,473	70,030,915	306,860,248	145,378,609	56,416,988	53,153,150	42,207,690
Male	349,997,582	35,768,526	46,671,800	41,585,982	19,290,144	100,695,315	63,200,730	18,765,663	15,123,575	8,895,847
Female	546,244,373	31,236,839	36,783,718	30,147,491	50,740,771	206,164,933	82,177,879	37,651,324	38,029,575	33,311,843
Other [*]	58,202,540	4,688,299	5,540,304	3,724,645	5,193,279	15,981,809	7,475,060	7,297,315	5,303,606	2,998,224
Male	21,896,524	2,647,442	2,446,369	2,209,740	2,199,887	4,300,626	3,034,597	2,893,090	1,451,718	713,055
Female	36,306,017	2,040,856	3,093,935	1,514,905	2,993,393	11,681,183	4,440,463	4,404,225	3,851,888	2,285,169

^{*} Includes payments for health maintenance organizations and Provider Fee Project payments.

^{*} Includes \$9,882,417 in payments for recipients of unknown race.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE
BY AGE, RACE, AND SEX: FISCAL YEAR 1993

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE									
	TOTAL	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total Enrollees	433,805	27,999	72,480	79,882	39,604	128,824	40,123	19,352	15,691	9,850
White	159,178	9,840	22,396	24,137	13,432	48,190	16,740	8,668	8,822	6,955
Male	59,129	5,110	11,428	12,351	4,123	14,244	6,349	2,418	2,081	1,025
Female	100,049	4,730	10,968	11,786	9,308	33,946	10,391	6,250	6,741	5,929
AfrAm	260,015	17,211	48,697	53,996	24,797	77,555	21,631	8,207	5,393	2,528
Male	98,929	8,677	24,682	27,035	7,959	18,801	7,952	2,083	1,230	511
Female	161,086	8,534	24,015	26,962	16,838	58,754	13,679	6,125	4,163	2,017
Other ¹	14,612	948	1,387	1,749	1,376	3,078	1,752	2,478	1,476	368
Male	5,439	475	718	907	610	882	554	750	446	96
Female	9,174	474	669	842	766	2,196	1,198	1,727	1,030	272
AVERAGE PAYMENT ²	\$4,336	\$3,655	\$1,849	\$1,591	\$3,417	\$4,473	\$7,424	\$7,200	\$11,355	\$19,361
White	5,822	3,113	2,010	2,140	4,474	5,259	8,662	8,725	13,571	20,921
Male	5,861	3,314	2,232	2,717	6,113	7,406	10,019	10,852	14,288	17,748
Female	5,799	2,896	1,780	1,535	3,748	4,359	7,833	7,902	13,349	21,124
AfrAm	3,447	3,893	1,714	1,328	2,824	3,957	6,721	6,874	9,856	16,697
Male	3,538	4,122	1,891	1,538	2,424	5,356	7,948	9,011	12,297	17,419
Female	3,391	3,660	1,532	1,118	3,014	3,509	6,008	6,148	9,135	16,514
Other	3,983	4,943	3,994	2,130	3,775	5,192	4,267	2,945	3,593	8,156
Male	4,026	5,577	3,406	2,437	3,605	4,875	5,475	3,855	3,253	7,451
Female	3,958	4,308	4,625	1,799	3,910	5,319	3,708	2,550	3,740	8,404

¹ Figure includes 2,610 enrollees of unknown race.

² Average Payment includes payments for health maintenance organizations and Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 14. NUMBER OF RECIPIENTS AND AVERAGE PAYMENT PER RECIPIENT
BY AGE, RACE, AND SEX: FISCAL YEAR 1993

RACE AND SEX OF RECIPIENTS	AGE OF RECIPIENT									
	TOTAL ¹	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	+85
Total Recipients	527,571	29,883	102,872	94,016	43,056	154,940	44,894	22,084	19,033	16,793
White	203,699	11,296	35,668	30,501	15,099	58,371	19,192	10,255	10,972	12,345
Male	75,244	5,807	18,292	15,340	4,614	15,622	7,658	3,170	2,788	1,953
Female	128,455	5,489	17,376	15,161	10,485	42,749	11,534	7,085	8,184	10,392
AfrAm	101,002	16,635	63,083	61,175	26,226	90,921	23,602	9,074	6,354	3,932
Male	116,366	8,360	32,120	30,853	8,229	22,468	9,487	2,467	1,528	854
Female	184,636	8,275	30,963	30,322	17,997	68,453	14,115	6,607	4,826	3,078
Other ²	22,870	1,952	4,121	2,340	1,731	5,648	2,100	2,755	1,707	516
Male	8,088	965	2,073	1,214	596	996	702	886	518	138
Female	14,782	987	2,048	1,126	1,135	4,652	1,398	1,869	1,189	378
AVERAGE PAYMENT ³	\$3,566	\$3,424	\$1,303	\$1,352	\$3,143	\$3,719	\$6,635	\$6,310	\$9,362	\$11,356
White	4,549	2,712	1,262	1,693	3,980	4,342	7,556	7,375	10,912	11,786
Male	4,605	2,916	1,394	2,188	5,463	6,752	8,307	8,278	10,663	10,366
Female	4,517	2,496	1,123	1,193	3,327	3,461	7,057	6,971	10,996	12,053
AfrAm	2,978	4,028	1,323	1,173	2,670	3,375	6,160	6,217	8,365	10,734
Male	3,008	4,279	1,453	1,348	2,344	4,482	6,662	7,607	9,898	10,417
Female	2,958	3,775	1,188	994	2,819	3,012	5,822	5,699	7,880	10,823
Other	2,545	2,402	1,344	1,592	3,000	2,830	3,560	2,649	3,107	5,811
Male	2,707	2,743	1,180	1,820	3,691	4,318	4,323	3,265	2,803	5,167
Female	2,456	2,068	1,511	1,345	2,637	2,511	3,176	2,356	3,240	6,045

¹ Total excludes Qualified Medicare Beneficiaries.

² Figure includes 2,187 recipients of unknown race.

³ Average Payment figures include payments for health maintenance organizations and Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1993

TYPE OF CARE	Age of Recipient in Years									
	Total	Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
All Services	\$1,881,154,436 ¹	\$101,957,378	\$132,684,958	\$125,754,886	\$135,749,357	\$577,203,219	\$298,742,052	\$139,803,557	\$178,468,076	\$190,790,952
Inpatient Hospital ²	620,936,275	71,069,346	50,837,265	55,502,971	74,710,539	196,474,030	114,019,201	31,145,204	18,936,432	8,241,207
Outpatient Hospital	144,889,612	4,516,552	17,643,088	16,469,092	14,373,804	62,773,417	20,999,452	5,049,968	2,205,126	859,114
Nursing Facility	394,092,279	8,023	74,967	-129,421	74,111	10,171,776	33,194,618	60,502,195	127,191,451	163,004,560
ICF - MR	65,092,340	0	60,134	1,321,916	2,301,124	44,097,359	14,775,505	1,954,051	510,686	71,566
Home Health	10,896,052	586,526	1,281,866	378,054	381,495	3,828,044	3,571,995	616,393	231,148	20,531
Day Care	18,095,953	899	0	-3,847	35,664	4,991,726	4,912,893	3,779,425	2,887,364	1,491,830
Personal Care	18,894,191	1,497	46,512	266,797	297,304	3,826,260	4,115,394	3,637,319	3,934,931	2,768,168
Physician Services	138,596,130	7,313,947	14,607,807	7,663,497	12,649,205	58,279,716	23,925,370	7,357,502	4,519,784	2,279,303
Clinic Services	72,728,339	1,139,812	4,505,025	11,128,454	6,519,223	34,606,778	12,849,273	1,536,170	402,237	41,368
EPSDT Services	7,597,518	2,485,503	3,418,909	1,275,681	230,154	126,209	46,117	7,415	2,647	4,882
Rural Health	33,150	2,855	13,365	4,309	2,129	8,210	2,068	117	70	27
Pharmacy	115,009,825	1,217,417	6,581,746	4,839,660	3,753,549	32,302,634	26,984,993	15,408,507	13,798,886	10,122,433
Dental Services	4,999,531	499	785,959	1,902,029	916,776	1,088,128	213,541	55,060	25,697	11,842
Lab & X-Ray	8,968,248	78,918	728,043	528,128	1,034,414	4,307,615	1,530,507	340,518	219,945	200,159
Vision Care	2,232,136	877	72,067	505,908	223,852	693,230	459,444	171,049	79,637	26,072
Amb/WCV/Trans	15,384,460	310,567	1,540,474	1,274,271	679,870	5,809,496	2,932,417	1,244,225	990,072	603,068
Physical Therapist	821,104	215	7,549	9,676	5,398	102,323	120,368	153,260	244,853	177,463
Podiatry	-204,114	-73	-223	-1,783	-4,095	-45,658	-48,101	-33,409	-37,697	-33,075
DME/DME/Oxygen	15,322,997	650,456	2,849,556	1,338,374	869,739	4,010,991	2,910,893	970,309	923,862	798,819
Waivers/Case Mgmt	92,147,812	493,243	8,045,221	3,893,153	2,306,563	50,492,076	22,260,678	3,713,752	925,450	17,675
HMO	134,620,598	12,080,299	19,585,629	17,587,969	14,388,540	59,258,850	8,965,427	2,194,527	475,496	83,861

¹ Total payments include Provider Fee Project payments carried over from fiscal year 1992.

² Payments for Inpatient Hospital include all hospital inpatient facilities (general, special, and State facilities).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 16. NUMBER OF RECIPIENTS OF SERVICE BY TYPE OF SERVICE AND
AGE OF RECIPIENT: FISCAL YEAR 1993

TYPE OF CARE	Total ¹	Age of Recipient in Years								
		Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
Any Service	527,571	29,883	102,872	94,016	43,056	154,940	44,894	22,084	19,033	16,793
Inpatient Hospital ²	100,105	21,079	6,153	4,236	10,039	33,761	10,160	6,205	4,987	3,485
Outpatient Hospital	221,255	12,382	40,919	28,641	20,496	73,957	21,086	11,331	7,894	4,549
Nursing Facility	28,075	7	19	26	7	644	1,867	3,903	8,686	12,938
ICF - MR	1,004	0	2	24	36	675	227	32	7	1
Home Health	5,324	658	742	212	306	1,636	1,424	265	63	18
Day Care	2,602	1	0	5	12	676	717	532	442	217
Personal Care	4,473	2	21	63	62	839	983	893	943	667
Physician Services	346,910	21,849	52,687	47,964	26,925	109,886	36,333	17,585	13,748	9,933
Clinic Services	99,456	6,491	14,004	17,190	12,214	39,337	8,052	1,413	550	205
EPSDT Services	89,130	17,740	42,751	24,297	4,118	173	27	9	5	10
Rural Health	364	18	142	58	18	85	25	10	5	3
Pharmacy	334,052	18,916	63,870	46,877	25,762	99,561	35,151	17,283	14,809	11,823
Dental Services	61,969	19	12,488	23,323	8,039	13,905	2,843	755	395	202
Lab & X-Ray	127,737	2,822	28,313	12,760	13,022	47,319	13,538	3,595	3,214	3,154
Vision Care	44,041	32	2,236	11,028	4,420	13,430	7,678	3,029	1,570	618
Amb/WCV/Trans	86,239	3,125	16,864	14,151	6,199	24,014	7,300	4,690	5,101	4,795
Physical Therapist	2,651	3	50	58	54	624	452	399	534	477
Podiatry	16,373	6	46	167	217	2,228	2,903	2,918	3,936	3,952
DME/DMS/Oxygen	22,437	1,277	2,684	1,460	612	4,546	4,613	2,609	2,553	2,083
Waivers(Only)	2,433	53	207	108	56	735	441	320	375	233
HMO	100,072	5,132	25,302	28,110	9,573	28,269	2,762	653	222	49

¹ Total excludes Qualified Medicare Beneficiaries.

² Inpatient Hospital includes recipients of all inpatient facilities (general, special, and State facilities).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE
AND AGE OF RECIPIENT: FISCAL YEAR 1993

Type of Care	Total ¹	Age of Recipient in Years								
		Under 1	1-5	6-14	15-20	21-44	45-64	65-74	75-84	85+
Total All-Services	\$3,566	\$3,412	\$1,290	\$1,330	\$3,153	\$3,725	\$6,654	\$6,331	\$9,377	\$11,361
Inpatient Hospital ²	6,203	3,372	0,262	13,103	7,442	5,820	11,222	5,019	3,797	2,365
Outpatient Hospital	655	365	431	575	701	849	996	446	279	189
Nursing Facility	14,037	0	3,946	-4,978	10,587	15,795	17,780	15,501	14,643	12,599
ICF - MR	64,833	0	30,067	55,080	63,920	65,329	65,090	61,064	72,955	0
Home Health	2,047	891	1,728	1,783	1,247	2,340	2,508	2,326	3,669	1,141
Day Care	6,955	0	0	0	2,972	7,384	6,852	7,104	6,532	6,875
Personal Care	4,224	749	2,215	4,235	4,795	4,561	4,187	4,073	4,173	4,150
Physician Services	400	335	233	160	470	530	659	418	329	229
Clinic Services	731	176	322	647	534	880	1,596	1,087	731	202
EPSTD Services	85	140	80	53	56	730	0	0	0	0
Rural Health	91	159	94	74	118	97	83	12	14	9
Pharmacy	344	64	103	103	146	324	768	892	932	856
Dental Services	81	26	63	82	114	78	75	73	65	59
Lab & X-Ray	70	28	26	41	79	91	113	95	68	63
Vision Care	51	27	32	46	51	52	60	56	51	42
Amb/MCV/Trans	178	99	91	90	110	242	402	265	194	126
Physical Therapist	310	72	151	167	100	164	266	384	459	372
Podiatry	-12	-12	-5	-11	-19	-20	-17	-11	-10	-8
DME/DMS/Oxygen	683	509	1,062	917	1,421	882	631	372	362	383
Waivers(Only)	37,874	9,306	38,866	36,048	41,189	68,697	50,454	11,606	2,468	76
BMO	1,345	2,354	774	626	1,503	2,096	3,246	3,361	2,142	1,711

¹ Average payment per recipient excludes counts of Qualified Medicare Beneficiaries. Payments include Provider Fee Project payments.

² Includes payments and recipients of all hospital facilities (general, special and State facilities).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 18. HOSPITAL PROGRAM: INPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1993

<u>TYPE OF SERVICE</u>	<u>SERVICES</u>	<u>PAYMENTS</u>
TOTAL - ALL HOSPITALS	16,879,859	\$620,936,275
TOTAL - GENERAL AND SPECIALTY	16,727,987	596,087,015
Room and Board	856,297	\$320,234,362
Operating /Recovery Room	1,194,666	20,054,440
Anesthesia	1,267,702	3,451,015
Delivery Room	70,806	25,522,454
Nursery	50,616	16,068,448
Laboratory	2,799,551	41,660,396
Radiology	229,718	17,987,498
EKG, EEG, etc.	87,903	5,870,979
Pharmacy	6,246,367	40,522,417
Blood/Transfusion	52,575	6,311,343
Supplies	2,080,572	37,934,679
Inhalation Therapy	1,138,214	20,540,947
Physical/Occupational Therapy	251,058	8,295,727
Emergency Room	37,743	6,212,647
Other	298,114	19,260,134
Inpatient Deductible	17,988	11,418,520
Inpatient Coinsurance	37,035	8,233,656
Inpatient Collections	11,062	-13,492,648
TOTAL - STATE PSYCH, CHRONIC, RTC ¹	151,872	\$24,849,260
Room and Board	147,631	25,102,949
Other Services	138	71,994
Inpatient Deductible	40	28,807
Inpatient Coinsurance	4,063	949,747
Inpatient Collections	-	-1,304,237

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

¹Includes State Chronic Hospitals, State Psychiatric Hospitals, and State Regional Treatment Centers (RTC).

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1993

<u>TYPE OF SERVICE</u>	<u>SERVICES</u>	<u>PAYMENTS</u>
<u>TOTAL ALL FACILITIES</u>	9,519,688	\$459,184,619
<u>TOTAL ICF-MR FACILITIES (Net)</u>	332,335	67,627,640
<u>TOTAL NURSING FACILITIES (Net)</u>	9,187,353	391,556,979

NURSING AND ICF-MR DAYS

Days of Care Billed by Level and Intensity*

ICF-Light	1,568,927	107,888,642
ICF-Moderate	2,153,476	162,867,635
ICF-Heavy	1,627,949	139,647,143
ICF-Heavy Special	252,554	22,986,574
SNF-Light	118,869	8,002,850
SNF-Moderate	170,429	12,823,759
SNF-Heavy	120,651	10,241,811
SNF-Heavy Special	201,116	17,919,859
ICF-MR	332,335	67,627,640
Adjustments/Credits		-6,525
NURSING FACILITY DAYS	6,213,971	482,371,749
ICF-MR DAYS	332,335	67,627,640
TOTAL DAYS OF CARE	6,546,306	549,999,388
Medicare Coinsurance Days	79,410	6,455,798
Ancillary Services	2,670,522	17,994,749
Patient Resources/Collection	223,450	-115,265,316

* Figures indicated are rates as billed by providers and do not reflect adjustments based on review by the Department. Payments include Provider Fee Project payments carried over from fiscal year 1992.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL PROGRAM: OUTPATIENT SERVICES AND PAYMENTS
FISCAL YEAR 1993

<u>TYPE OF SERVICE</u>	<u>SERVICES</u>	<u>PAYMENTS</u>
TOTAL	4,288,458	\$144,889,612
Clinic	297,242	16,828,145
Emergency Room	211,655	20,031,165
Operating Room	555,445	12,131,228
Anesthesia	355,267	993,260
Delivery Room	33,058	3,931,763
Laboratory	1,076,080	20,015,927
Radiology	209,772	22,605,244
EKG, EEG, etc.	46,875	3,895,013
Pharmacy	649,829	4,456,861
Blood/Transfusions	6,823	673,521
Supplies	391,257	6,266,997
Psych Day Care	14,735	2,205,829
Physical/Occupational Therapy	90,326	4,561,893
Other Covered Services	207,838	19,557,051
Outpatient Deductible	15,943	1,012,458
Outpatient Coinsurance	122,187	6,345,681
Collections	4,126	-622,424

Figures indicated are those as billed by providers and do not reflect collections and refunds received. Credits are reflected in net payments to providers.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 21. PHYSICIAN PROGRAM; OFFICE, HOME AND NURSING FACILITY
SERVICES AND PAYMENTS: FISCAL YEAR 1993

<u>TYPE OF SERVICE</u>	<u>SERVICES</u>	<u>PAYMENTS</u>
Total	3,761,552	\$143,581,543
Total Visits	865,625	28,432,860
Office	854,678	
Home	517	
Nursing Facility	10,430	
EPSDT Screens	152,097	7,597,518
Consultations	19,858	1,017,166
Refractions	7,178	232,890
Laboratory	231,494	1,433,585
X-Ray	61,564	3,190,566
EEG, EKG	13,476	285,227
Drugs Dispensed	95,224	2,173,765
Clinics	1,090,062	67,799,177
Diagnostic & Other Specified Services	614,758	13,795,166
Medicare Deductibles	60,330	3,180,939
Medicare Coinsurance	542,562	14,980,271
Collections	8,324	-537,585

PAYMENTS TO FREESTANDING AND CONTRACT CLINICS

<u>TYPE OF CLINIC</u>	<u>RECIPIENTS</u>	<u>PAYMENTS</u>
Total Clinics		\$72,728,339
Drug Abuse	3,192	2,278,716
Family Planning	9,729	1,652,236
Fed. Qualified Health Center	21,994	6,835,407
Local Health	N/A	18,302,444
Md. Qualified Health Center	28,523	5,744,600
Mental Health Outpatient	19,299	16,386,448
Mental Health Rehab	5,603	20,269,162
Other Clinics	1,238	170,537

Some health centers were paid for part of the year as physician group practices. Clinic payments listed by type reflect total payments to providers. Payments include Provider Fee Project payments carried over from fiscal year 1992.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 22. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1993

SERVICES

<u>TYPE OF SERVICE</u>	<u>TOTAL</u>	<u>INPATIENT</u>	<u>OUTPATIENT</u>	<u>EMERGENCY ROOM</u>
Total	1,483,727	853,751	460,704	169,272
Attend Physician	539,329	346,769	23,605	168,955
Surgery	113,190	67,231	45,721	238
Anesthesiology	39,403	26,492	12,905	6
Consultation	71,294	63,567	7,724	3
Radiology	337,026	134,306	202,710	10
Pathology	61,477	25,181	36,295	1
Other Spec. Svs	322,008	190,205	131,744	59

PAYMENTS

<u>TYPE OF SERVICE</u>	<u>TOTAL</u>	<u>INPATIENT</u>	<u>OUTPATIENT</u>	<u>EMERGENCY ROOM</u>
Total	\$75,373,594	\$55,209,238	\$15,555,064	\$4,609,292
Attend Phys	14,033,345	9,174,038	263,539	4,595,768
Surgery	33,037,204	26,711,966	6,312,953	12,285
Anesthesiology	6,635,096	5,086,839	1,548,257	0
Consultation	3,151,848	2,841,042	310,730	76
Radiology	7,962,841	3,375,763	4,586,810	269
Pathology	655,945	324,979	330,959	8
Other Spec.Svs	9,897,314	7,694,611	2,201,816	887

Payments include Provider Fee Project payments carry-over from fiscal year 1992. Medicare Coinsurance and Deductibles for physician care are shown in Table 21.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 23. PHARMACY PROGRAM: SERVICES AND PAYMENTS
FISCAL YEAR 1993

<u>SERVICE</u>	<u>NUMBER OF INVOICES</u>	<u>PAYMENTS</u>	<u>AVERAGE PAYMENT PER INVOICE</u>
Total - All Invoices	4,439,088	\$115,009,825	\$25.91
Over the Counter Drugs	90,451	1,720,258	19.02
Legend Drugs	3,921,720	102,130,446	26.04
Ingredient Cost	3,921,721	80,892,155	20.63
Pharmacy Fee	3,921,720	20,411,960	5.20
Drugs reimbursed on Usual and Customary Basis	403,666	13,029,357	32.28
PHARMACY ADJUSTMENTS, RECOVERIES AND CO-PAYS:			
Adjustments	21,264	-1,818,118	
B/S Recovery	1,987	-52,118	
Pharmacy Co-Pay	2,525,934	2,486,220	.98

Payments include Provider Fee Project payment carry-over from fiscal year 1992.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 24. SPECIAL SERVICES/COMMUNITY HEALTH SERVICES
FISCAL YEAR 1993

TYPE OF SERVICES	SERVICES	PAYMENTS
TOTAL - SPECIAL SERVICES	12,271,723	\$42,524,831
TOTAL - COMMUNITY HEALTH SERVICES	2,948,785	\$140,034,009
SPECIAL SERVICES - TOTAL	12,271,723	\$42,524,831
OPTOMETRIST-OPTICIAN SERVICES	271,038	\$2,232,136
Diagnostic Services	92,505	816,052
Dispensing Services	35,543	496,314
Fabrication Services	141,534	893,860
Medicare Deductible and Coinsurance	1,456	25,910
AMBULANCE	111,007	\$2,751,416
One Way Trips	14,351	787,355
Additional Miles	45,740	44,236
Other Services	444	13,616
Medicare Deductible and Coinsurance	50,472	1,906,209
VAN	37,159	\$851,860
One Way Trips	29,460	836,713
Additional Miles	6,818	5,385
Other Van Services	881	9,761
GENERAL TRANSPORTATION	8,834,614	\$11,849,149
Own/Lease	8,289,135	6,917,604
Purchased	511,267	4,915,091
Volunteer	34,212	16,454
PODIATRY	50,666	\$-204,114
Visits	3,142	31,350
Bone Joint Surgery	1,611	78,149
X-Ray and Laboratory	303	2,284
Other Procedures	10,736	-702,462
Medicare Deductible and Coinsurance	34,874	386,465
MEDICAL LABORATORY SERVICES	773,635	\$8,968,248
Laboratory	720,494	8,112,304
X-Ray	31,583	426,963
Medicare Deductible and Coinsurance	21,658	428,981
AUDIOLOGY SERVICES	6,933	\$120,181
Audiological Evaluation/Hearing Aids	6,933	120,181

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 24. SPECIAL SERVICES/COMMUNITY HEALTH SERVICES
FISCAL YEAR 1993 (CONTINUED)

<u>TYPE OF SERVICES</u>	<u>SERVICES</u>	<u>PAYMENTS</u>
DURABLE MEDICAL EQUIPMENT	2,169,424	\$15,322,997
DMS/DME/Oxygen	2,120,157	13,058,516
Medicare Deductible and Coinsurance	49,267	2,264,481
PHYSICAL THERAPY	15,469	\$821,104
Physical Therapy Services	10,699	200,593
Medicare Deductible and Coinsurance	4,770	620,511
COLLECTIONS - SPECIAL SERVICES	1,778	-188,146

HOME AND COMMUNITY HEALTH SERVICES

TOTAL - COMMUNITY HEALTH	2,948,785	\$140,034,009
HOME HEALTH CARE	157,557	\$11,005,963
Nursing Care	102,563	7,939,796
Home Health Aid	26,087	1,151,345
Physical Therapy	12,321	1,015,276
Speech Therapy	3,552	282,202
Occupational Therapy	4,774	389,912
Other Services	8,260	227,432
PERSONAL CARE	844,037	\$18,894,191
DAY CARE	392,711	\$18,095,953
MODEL WAIVER	562,052	\$13,557,559
MENTALLY RETARDED (MR) WAIVER	959,016	\$76,551,433
AIDS CASE MANAGEMENT	6,398	713,640
MENTAL HEALTH CASE MANAGEMENT	1,640	327,385
STEPS CASE MANAGEMENT	611	36,450
DEV. DISABLED CASE MANAGEMENT	3,211	336,550
COMMUNITY SUPPORT ARRANGEMENT	821	552,030
EPSDT MED. DAY CARE	1,617	72,765
COLLECTIONS - COMMUNITY HEALTH	19,114	-109,911

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND
PAYMENTS BY HOSPITAL: FISCAL YEAR 1993

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
<u>GRAND TOTAL</u>	104,452	1,046,949	\$620,936,275	
GENERAL HOSPITALS	98,048	521,240	445,857,905	855.38
PRIVATE CHRONIC HOSPITALS	575	73,023	30,782,406	421.54
STATE CHRONIC HOSPITALS	235	31,638	6,180,560	195.35
PRIVATE PSYCH HOSPITALS	1,473	199,919	48,787,199	244.06
STATE PSYCH HOSPITALS	577	112,888	18,668,700	165.37
REHAB HOSPITALS	522	21,365	11,547,766	540.50
OTHER SPECIAL HOSPITALS	3,000	86,184	58,788,082	682.12
HOSPICE PROVIDERS	22	692	675,881	976.71
CREDIT/ADJUSTMENTS			-352,224	
<u>GENERAL HOSPITALS</u>	98,048	521,240	\$445,857,905	855.38
<u>BALTIMORE CITY</u>	44,602	283,966	267,735,119	942.84
Bon Secours	1,353	10,195	8,763,172	859.56
Childrens Hosp	73	228	307,221	1347.46
Church Hospital	975	6,494	5,850,064	900.84
Francis Scott Key	4,360	23,025	20,103,362	873.11
Good Samaritan	372	2,933	3,031,063	1033.43
Harbor Hosp Ctr	3,660	13,322	11,781,429	884.36
Homewood (Wyman Park)	1	34	31,758	934.05
Johns Hopkins	7,253	55,045	53,435,570	970.76
Liberty Medical Center	2,185	21,555	15,253,107	707.64
Maryland General	2,884	16,332	14,337,823	877.90
Mercy	3,276	17,557	16,126,229	918.51
St. Agnes	3,145	14,113	12,389,070	877.85
Sinai	4,284	24,074	21,079,247	875.60
Union Memorial	2,386	12,396	9,813,080	791.63
Univ. of Md. Medical System	8,395	66,663	75,432,923	1131.56
<u>COUNTIES</u>	48,562	209,434	\$156,775,194	748.57
Anne Arundel General	1,550	5,743	4,558,314	793.72
Baltimore Co. General	386	3,786	2,893,030	764.14
Calvert Memorial	926	4,308	2,736,230	635.15
Carroll Co.	658	3,676	2,221,073	604.21
Doctors Hospital Inc	396	2,772	2,358,458	850.81
Dorchester General	878	3,740	2,642,449	706.54
Edward W. McCready Memorial	78	248	288,395	1162.88
Eugene Leland Memorial	326	3,257	1,845,131	566.51

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1993 (Con't)

LOCATION AND NAME OF HOSPITAL	<u>SERVICES</u>		<u>PAYMENTS</u>	
	<u>Discharges</u>	<u>Days</u>	<u>Total</u>	<u>Per Diem</u>
<u>COUNTIES (Con't)</u>				
Fallston General	277	2,445	1,421,928	581.57
Fort Washington Med Ctr	33	156	128,231	822.00
Franklin Square	4,739	18,556	14,215,775	766.10
Frederick Memorial	1,512	5,372	3,758,788	699.70
Frostburg Hospital, Inc.	70	546	346,077	633.84
Garrett Co. Memorial	704	1,973	1,612,162	817.11
Greater Balto Medical Ctr	2,029	7,028	5,186,928	738.04
Greater Laurel Beltsville	833	3,428	2,923,208	852.74
Harford Memorial	596	1,847	1,443,494	781.53
Holy Cross	1,944	8,566	6,352,150	741.55
Howard County General	1,015	4,135	3,140,371	759.46
Kent & Queen Annes	515	1,552	1,288,171	830.01
Memorial Cumberland	1,071	4,438	3,200,872	721.24
Memorial Easton	1,526	4,981	3,795,152	761.93
Montgomery General	935	5,499	4,019,812	731.01
North Arundel	894	5,189	4,268,665	822.64
Peninsula General	3,300	11,432	7,453,250	651.96
Physician's Memorial	1,244	4,065	2,873,175	706.81
P.G. Hospital Center	7,015	34,034	28,549,321	838.85
Sacred Heart	1,447	5,273	3,436,540	651.72
St. Joseph	722	3,595	2,735,456	760.91
St. Mary's	1,754	5,944	3,954,532	665.30
Shady Grove Adventist	2,135	7,567	6,164,894	814.71
Southern Maryland	1,499	8,877	5,215,178	587.49
Suburban	430	4,124	3,597,438	872.32
Union of Cecil Co.	1,287	3,083	2,941,731	954.18
Washington Adventist	1,697	10,965	8,304,544	757.37
Washington Co.	2,141	7,234	4,904,272	677.95
<u>DISTRICT OF COLUMBIA</u>	3,928	21,426	\$15,109,252	705.18
Columbia Hosp. for Women	119	677	384,017	567.23
D.C. General	69	475	258,531	544.28
George Washington University	132	1,239	1,084,861	875.59
Georgetown University Med Ctr	248	2,597	2,584,152	995.05
Greater Southeast Community	950	5,176	2,870,381	554.56
Hadley Memorial	15	84	14,314	170.41
Howard University	147	1,492	1,274,466	854.20
Providence	1,229	3,874	2,777,842	717.05
Sibley Memorial	24	242	88,160	364.30
Washington Hospital Center	995	5,570	3,772,528	677.29

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1993 (Con't)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
<u>OTHER OUT OF STATE</u>	956	6,414	\$6,238,340	972.61
Alfred Dupont Med Ctr (Del.)	38	269	199,435	741.39
Childrens Hosp (Pitts.Pa.)	10	81	63,309	781.59
Fairfax Hospital (Va.)	32	555	357,962	644.98
Gettysburg (Pa.)	168	507	276,282	544.93
Med Ctr of Delaware (Del.)	114	1,249	1,902,822	1523.48
Nanticoke Memorial (Del.)	37	189	313,787	1660.25
Winchester Med (Va.)	22	141	59,882	424.69
Univ. Hosp.(W. Va.)	142	950	1,121,318	1180.33
Other Out of State	393	2,473	1,943,543	785.90
 <u>SPECIALTY HOSPITALS</u>	 6,404	 525,709	 \$175,430,594	 333.70
<u>PRIVATE CHRONIC HOSPITALS</u>	575	73,023	\$30,782,406	421.54
Childrens Hosp (Chronic)	6	133	61,185	460.04
James Kernan (Chronic)	5	86	47,757	555.32
John L. Deaton Med Center	373	44,720	15,751,800	352.23
Levindale Hosp	65	8,198	3,976,641	485.07
J.H. Geriatric Center	90	11,266	4,840,834	429.69
P.G. Hosp Ctr (Chronic)	36	8,620	6,104,190	708.14
 <u>STATE CHRONIC HOSPITALS</u>	 235	 31,638	 \$6,180,560	 195.35
Deers Head	82	9,544	1,239,314	129.85
Montebello	127	5,823	2,064,553	354.55
Western Maryland	26	16,271	2,876,693	176.80
 <u>PRIVATE PSYCH FACILITIES</u>	 1,473	 199,919	 \$48,787,199	 244.06
Brook Lane Psych Center	140	4,065	1,491,164	366.83
Chestnut Lodge Hospital	8	5,283	1,973,864	373.63
Chesapeake Youth Center	8	5,655	1,842,149	325.76
Chestnut Ridge (WVa)	1	104	42,663	410.22
E.P. Bradlee Hosp (Ct.)	0	234	304,058	1299.39
Edgemeade (RTC)	36	15,457	3,353,127	216.93
Edward W. McCreedy Memorial	10	6,729	1,141,292	169.61
Fairbridge (RTC)	123	20,582	4,187,664	203.46
Good Shepherd Center (RTC)	84	25,812	2,978,090	115.38
Gundry Glass	576	18,094	4,652,265	257.12

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25: HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1993 (Con't)

LOCATION AND NAME OF HOSPITAL	<u>SERVICES</u>		<u>PAYMENTS</u>	
	<u>Discharges</u>	<u>Days</u>	<u>Total</u>	<u>Per Diem</u>
SPECIALTY HOSPITALS (Con't)				
<u>PRIVATE PSYCH FACILITIES(Con't)</u>				
Hoffman Homes for Youth(RTC)(Pa.)	16	5,686	934,632	164.37
Portsmouth Psych Ctr (Va.)	4	17,180	4,606,810	268.15
Potomac Ridge Treatment	86	3,719	682,085	183.41
Rose Hill Center, Inc.(RTC)	0	876	210,094	239.83
Sheppard and Enoch Pratt	113	10,498	3,701,240	352.57
Taylor Manor Hospital	181	10,467	4,604,611	439.92
The Pines (RTC) (Va.)	0	324	52,993	163.56
Villa Maria (RTC)	7	24,740	5,661,143	228.83
Wiley House Treatment Center(Pa.)	4	8,804	2,263,371	257.08
Woodbourne Center (RTC)	76	15,610	4,103,884	262.90
<u>STATE PSYCH FACILITIES</u>	577	112,888	\$18,668,700	165.37
Walter P. Carter Inpt	8	3,548	588,671	165.92
Crownsville	87	23,950	2,812,207	117.42
Eastern Shore Hosp. Center	14	2,286	307,017	134.30
Highland Health Facility	7	671	168,371	250.92
RICA - Baltimore (RTC)	27	11,630	2,685,996	230.95
RICA - Cheltenham (RTC)	61	7,823	2,054,905	262.67
RICA - Rockville (RTC)	91	13,873	3,554,717	256.23
Spring Grove	2	3,280	827,817	252.38
Springfield	104	30,941	2,993,986	96.76
Thomas B. Finan	88	9,905	1,683,154	169.93
Upper Shore Comm M. Health	15	1,103	208,267	188.82
Walter P. Carter Center	73	3,878	783,592	202.06
<u>REHAB HOSPITALS</u>	522	21,365	\$11,547,766	540.50
Alfred I. DuPont Inst (Spec)(De.)	1	38	26,920	708.42
Bryn Mawr Rehab (Pa.)	2	33	49,478	1499.35
Childrens Hosp - Acute/Rehab	6	99	57,215	577.93
Cumberland Hosp (Va.)	1	132	73,746	558.68
Eastern Neuro Rehab Hospital	6	537	243,412	453.28
Good Samaritan - Special	57	1,707	886,061	519.07
Greater Laurel - Rehab	8	246	168,073	683.22
James L. Kernan - Rehab	14	334	179,649	537.87
Lake Erie Institute Rehab (Pa.)	0	401	122,882	306.44
Maryland General Acute/Rehab	34	1,541	1,356,858	880.51
Meridian Point Rehab Hosp (Az.)	1	118	56,050	475.00
MHMC Cumberland/Rehab	2	20	14,256	712.79

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25: HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1993 (Con't)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
<u>REHAB HOSPITALS (Con't)</u>				
Montebello Rehab Center	184	8,371	2,509,243	299.75
Mountainview Regional Rehab(WVa.)	6	199	130,345	655.00
National Rehab Hosp (D.C.)	123	5,259	3,939,414	749.08
Reading Rehab Hosp (Pa.)	4	86	25,786	299.84
Rehab Hospital Mechanicsburg(Pa.)	1	325	135,850	418.00
Rehab Hosp Spec Svs - York (Pa.)	3	102	40,605	398.09
Sinai Hosp - Special	54	1,569	1,363,345	868.93
Union Memorial Acute/Rehab	14	232	162,076	698.61
Univer. Hospital Rehab Ctr(Pa.)	1	16	6,502	406.35
 <u>OTHER SPECIAL HOSPITALS</u>	 3,000	 86,184	 \$58,788,082	 682.12
Children's Hosp. of D.C.	1,637	11,652	16,374,041	1405.26
Childrens Seashore House(Pa.)	1	69	74,198	1075.33
Changing Point-North (ICF-A)	28	650	175,500	270.00
Changing Point-South (ICF-A)	47	1,228	322,583	262.69
FSKMC/Spec Hosp Comm Disease	23	667	400,674	600.71
Hosp for Sick Children (D.C.)	34	7,996	4,688,329	586.33
James Kernan Hosp	76	252	362,021	1436.59
Johns Hopkins Oncology Ctr	221	2,494	5,014,776	2010.74
Kennedy Institute	312	10,659	10,596,950	994.18
Mt. Washington Pediatric	181	35,570	17,127,245	481.51
Mountain Manor (ICF-A)	212	7,804	1,921,056	246.16
Mountain Manor-Emmitsburg (ICF-A)	39	1,116	175,837	157.56
National Orthopedic	3	23	10,751	467.44
New Beginnings Meadowbrook(ICF-A)	7	310	67,210	216.81
New Beginnings Hidden Brook(ICF-A)	9	281	63,560	226.19
New Beginnings White Oak (ICF-A)	80	3,145	831,060	264.25
New Beginnings Warwick (ICF-A)	14	382	103,140	270.00
Oakview Treatment Ctr (ICF-A)	74	1,867	476,890	255.43
Whitsitt Rehab Center (ICF-A)	2	19	2,261	119.00

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 25: HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1993 (Con't)

<u>LOCATION AND NAME OF HOSPITAL</u>	<u>Discharges</u>	<u>Days</u>	<u>Total</u>	<u>Per Diem</u>
<u>HOSPICE PROVIDERS</u>	22	692	675,881	976.71

MEDICARE DEDUCTIBLE AND COINSURANCE \$18,345,229

COLLECTIONS -\$15,572,993

(Medicare and Collections are included in individual entries)

(RTC) Residential Treatment Centers

(ICF-A) Intermediate Care Facilities - Alcoholic

HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS
BY HOSPITAL: FISCAL YEAR 1993
HOSPITAL DISCHARGES, DAYS AND PAYMENTS BY PROVIDER LOCATION*

<u>Location</u>	<u>Discharges</u>	<u>Days</u>	<u>Payments</u>	<u>Per Diem</u>
Total (All)	104,452	1,046,949	\$620,936,275	
Maryland	97,720	959,895	566,024,146	\$589.67
D.C.	5,722	46,333	40,111,628	865.72
Virginia	103	18,592	5,295,831	284.84
West Virginia	206	1,413	1,465,159	1,036.91
Pennsylvania	314	16,821	4,818,414	286.45
Delaware	200	1,776	2,463,412	1,387.06
Other	187	2,119	1,109,909	523.79

* Totals by State include all Hospitals and Specialty Facilities.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
GRAND TOTAL - ALL FACILITIES	218	6,636,818	\$459,184,619
TOTAL - ICF-MR FACILITIES	5	332,181	65,092,340
TOTAL - NURSING FACILITIES	213	6,304,668	394,123,444
Adjustments		-31	-31,165
<u>Baltimore City</u>	46	1,437,272	\$96,146,922
Alice Manor		13,098	904,163
Ashburton Nursing Home		13,068	900,038
Autumn Gardens Nursing Home		5,018	295,130
Baltimore Nurs and Conval Ctr		52,307	3,564,915
Belair Convalesarium		65,942	4,062,663
Brighton Manor Nursing & Geriatric		20,490	1,958,843
Camden Yards Nursing and Rehab(Lincoln)		75,704	5,346,618
Century Home		1,102	51,006
Community Care Nursing Center		1,201	34,098
Crawford Retreat		7,450	449,879
Deaton Medical Center Nursing Home		61,339	4,834,805
Fairmount Nursing Center		13,181	854,473
Franklin Court Nursing Center		43,883	3,014,843
Friedlers Guest House		10,842	657,453
FSKMC/JH Post Acute AIDS		1,477	301,878
Garrison Nursing Home		618	30,149
Good Samaritan Nursing Center		15,944	1,168,547
Granada Nursing Home		37,960	2,457,480
Greenery Extended Care Center		34,795	1,997,704
Greenwood Acres		7,884	480,324
Harbour Inn Convalescent Center		80,139	5,120,604
Harford Gardens Convalescent Center		19,621	1,241,382
Haven Nursing Home		8,793	548,318
Hayes Care Home		4,791	327,478
Inns of Evergreen - Northwest		59,604	4,509,980
Irvington Knolls Care Center, Inc		48,284	3,640,223
Johns Hopkins Geriatric Center		62,137	4,215,643
Kenesaw Nursing Home		8,590	551,865
Keswick Home		31,248	1,753,422
Key Circle Hospice		8,996	554,465
Levindale Hebrew Hospital Nursing Home		61,955	3,872,228
Lorien Nursing and Rehab - Frankford		30,768	2,316,872
Maryland Baptist Aged Home		10,965	668,352

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993 (cont'd.)

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
Melchor Nursing Home		17,615	1,048,100
Meridian Nursing Center - Caton Manor		57,774	3,425,573
Meridian Nursing Center - Hamilton		24,733	1,538,459
Meridian Nursing Center - Homewood		32,480	2,045,197
Meridian Nursing Center - Long Green		25,739	1,718,534
Northwest Nursing and Conv Center		27,726	1,757,091
Overlea Gardens Nursing Center		33,360	2,081,447
Park Manor Nursing Home		18,403	1,219,959
Pleasant Manor Nursing Home		44,362	2,539,856
Seton Hill Manor		123,128	9,467,002
St Elizabeths Home (Jenkins)		33,995	2,064,060
Union Memorial Hospital - ECF		0	105
Villa St. Michael		68,763	4,455,707
<u>Allegany County</u>	7	211,971	\$12,429,864
Allegany County Nursing Home		46,302	2,583,255
Cumberland Villa Nursing Center		30,678	1,511,094
Devlin Manor Nursing Home		8,803	623,253
Egle Nursing Home		15,678	1,018,139
Frostburg Village of Allegany County		44,540	2,624,594
Lions Manor Nursing Home		30,350	1,873,944
Moran Manor		35,620	2,195,586
<u>Anne Arundel County</u>	11	374,525	\$23,359,702
Annapolis Convalescent Center		18,302	1,079,212
Chesapeake Manor Extended Care		41,021	2,629,693
Crofton Convalescent Center		47,523	2,946,236
Fairfield Nursing Center		46,402	2,658,109
Knollwood Manor Nursing Home, Inc		28,807	1,726,962
Maryland Manor Convalescent Ctr		32,030	2,076,300
Meridian Nursing Center - Hammonds Lane		28,145	1,615,090
Meridian Nursing Center - Severna Park		21,761	1,158,439
North Arundel Nurs & Convalescent Center		28,919	1,849,140
Pleasant Living Convalescent Center		25,814	1,639,687
Wellspring Nursing Center (Arundel Ger)		55,801	3,980,833
<u>Baltimore County</u>	37	1,200,844	\$72,854,907
Armacost Nursing Home		15,319	985,720
Augsburg Lutheran Home		37,355	2,105,016
Baptist Home of Md/Del Inc		1,450	99,537
Catonsville Community Care		29,182	1,917,045
Chapel Hill Convalescent Home		17,937	1,209,426
Charlestown Care Center		2,327	140,727
Cherrywood Manor Extended Care Center		51,576	3,164,109
Dulaney-Towson Healthcare Center		26,305	1,484,488

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993 (con't.)

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
Eastpoint Nursing Home		59,388	3,450,927
Forest Haven Nursing Home		57,994	3,517,064
Frederick Villa Nursing Center		24,293	1,559,993
Holly Hill Manor Nursing Home		8,023	473,722
Hurwitz House		7,790	436,155
Ivy Hall Geriatrics Center		31,308	2,297,627
Jewish Convalescent and Nursing Home		44,216	2,727,075
Little Sisters of the Poor		16,422	916,695
Manor Care - Ruxton		26,915	1,439,756
Manor Care - Towson		18,148	1,011,611
Medbridge (Manor Care Rossville)		44,022	2,327,168
Meridian Healthcare Ctr - Brightwood		13,189	949,170
Meridian Nursing Center - Catonsville		33,518	1,825,545
Meridian Nursing Center - Cromwell		44,555	2,657,868
Meridian Nursing Center - Heritage		45,953	2,553,337
Meridian Nursing Center - Loch Raven		35,338	2,205,620
Meridian Nursing Center - Multi Medical		16,158	1,073,127
Meridian Nursing Center - Perring Pkwy		35,784	2,425,792
Meridian Nursing Center - Randallstown		72,995	4,387,878
Milford Manor Nursing Home		21,389	1,410,441
Old Court Nursing Home		45,813	2,533,211
Pickersgill		15,288	792,282
Pikesville Nursing and Conv Home		45,074	2,754,634
Ridgeway Manor		15,525	1,092,103
Riverview Nursing Centre		97,898	6,097,831
St. Joseph's Nursing Home		7,618	511,252
Stella Maris Hospice		82,711	4,944,351
Summit Nursing Home		31,383	1,901,532
Trinity Geriatric		20,685	1,475,074
<u>Calvert County</u>	2	38,862	\$2,432,694
Calvert County Nursing Center		23,787	1,419,994
Solomon's Nursing Center		15,075	1,012,700
<u>Caroline County</u>	2	60,915	\$3,799,020
Caroline Nursing Home		18,437	1,008,633
Weslyan Health Care Center		42,478	2,790,387
<u>Carroll County</u>	6	151,445	\$9,523,801
Carroll Lutheran Village		14,235	887,073
Golden Age Guest Home		9,684	538,352
Long View Nursing Home		22,000	1,548,653

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993 (cont'd.)

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
Pleasant View Nursing Home of Mt Airy		33,752	1,929,276
Sykesville Eldercare Center		38,073	2,507,476
Westminister Villa Nursing Center		33,701	2,112,972
<u>Cecil County</u>	3	63,805	\$3,717,965
Calvert Manor Nursing Home		17,221	884,846
Devine Haven Nursing Home		15,657	1,029,888
Laurelwood Nursing Center		30,927	1,803,231
<u>Charles County</u>	2	86,474	\$5,656,847
Charles County Nursing Home		38,521	2,469,391
Meridian Nursing Center - La Plata		47,953	3,187,456
<u>Dorchester County</u>	3	80,213	\$5,056,514
Glasgow Nursing Home		7,550	503,590
Mallard Bay Nursing and Rehab		51,747	3,189,150
William Hill Health Care - Cambridge		20,916	1,363,774
<u>Frederick County</u>	6	148,006	\$8,948,346
Citizens Nursing Home of Fred Co.		47,703	2,923,931
Frederick Healthcare Center		21,575	1,424,834
Homewood Retirement Center - Frederick		6,930	283,818
Meridian Nursing Center - Frederick		32,057	1,789,312
Northhampton Manor		30,186	1,896,618
Vindabona Nursing Home		9,555	629,833
<u>Garrett County</u>	3	95,986	\$5,821,787
Cuppett and Weeks Nursing Home		39,251	2,497,318
Dennett Road Manor		37,190	2,276,907
Goodwill Mennonite Home		19,545	1,047,562
<u>Harford County</u>	5	145,588	\$9,052,580
Belair Convalescent Center		33,828	2,036,109
Bel Forest Nursing and Rehab Center		31,716	2,001,492
Brevin Nursing Home		12,928	735,288
Citizens Nursing Home - Harford		54,977	3,283,284
Lorien - Riverside Nursing and Rehab		12,139	996,407
<u>Howard County</u>	2	87,145	\$5,726,217
Bon Secours Ext Care Facility		15,972	916,905
Lorien Nursing and Rehab Center		71,173	4,809,312
<u>Kent County</u>	1	10,451	\$593,713
Magnolia Hall		10,451	593,713

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993 (cont'd.)

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
<u>Montgomery County</u>	25	716,424	\$45,213,684
Althea Woodland Nursing Home		1,567	86,363
Arcola Nursing and Rehab		44,277	3,011,162
Brooke Grove Nursing Home		12,175	676,949
Circle Manor Nursing Home		27,249	1,920,344
Collingswood Nursing Center		38,454	2,470,718
Fairland Nursing Home		23,902	1,492,523
Fox Chase Nursing Rehab Center		12,118	840,420
Friends Nursing Home		11,106	653,489
Grosvenor Health Care Center		34,657	2,523,797
Hebrew Home of Greater Washington		136,979	8,455,463
Herman M. Wilson Health Care Center		33,246	1,959,609
Kensington Gardens Nursing Center		42,620	2,607,983
Manor Care - Potomac		13,518	833,875
Manor Care - Silver Spring		10,706	823,025
Medlantic Manor at Layhill		21,498	1,496,819
Meridian Healthcare Ctr - Aspenwood		24,006	1,507,272
National Lutheran Home for Aged		58,687	3,463,846
Potomac Valley Nursing Home		34,005	2,174,092
Randolph Hills Nursing Home		23,231	1,497,463
Rockville Nursing Home		10,394	673,403
Shady Grove Adventist Nursing Center		16,580	922,321
Sharon Nursing Home		5,879	339,509
Springbrook Adventist		21,228	1,325,485
Sylvan Manor Health Care Center		35,301	1,994,339
Washington Adventist		23,041	1,459,357
<u>Prince Georges County</u>	18	575,767	\$38,117,551
Bradford Oaks Nursing and Retirement		26,931	1,581,677
Carroll Manor		65,245	4,056,433
Collington Episcopal Life Care		480	31,050
Gladys N. Spellman Nursing Center		29,070	2,231,092
Golden Oaks Nursing Home		38,938	2,665,856
Greater Laurel Nursing Home		49,508	3,300,410
Greenbelt Nursing Center		28,636	1,645,278
Hillhaven Nursing Home		7,771	520,082
Hyattsville Manor		33,575	2,180,607
Livingston Healthcare Center		47,356	3,609,206
Madison Manor Nursing Home		8,249	482,599
Magnolia Gardens Nursing Home		22,064	1,612,537
Manor Care - Largo		13,304	810,190
Pine View Manor - Extended Care Centre		52,640	3,434,158
Presidential Woods Health Center		56,319	3,652,350
Regency Nursing and Rehab Treatment		32,770	2,059,069

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993 (cont'd.)

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
Sacred Heart Home		16,495	947,299
Wellington Manor Nursing Center		46,416	3,297,656
<u>Queen Annes County</u>	1	53,095	\$3,059,985
Meridian Nursing Center - Corsica Hills		53,095	3,059,985
<u>St. Marys County</u>	3	107,845	\$5,314,317
Bayside Nursing Center		39,669	2,390,446
Charlotte Hall Veterans' Home		33,610	842,409
St. Mary's Nursing Home		34,566	2,081,463
<u>Somerset County</u>	3	61,308	\$3,938,394
Alice Byrd Tawes Nursing Home		21,975	1,500,861
Edward McCready Memorial Hospital		314	21,996
Manokin Manor		33,019	2,415,538
<u>Talbot County</u>	3	69,863	\$3,702,280
Memorial Hospital - Easton		6,784	442,865
Meridian Nursing Center - The Pines		57,944	2,988,296
William Hill Manor		5,135	271,120
<u>Washington County</u>	11	256,627	\$14,144,642
Avalon Manor		65,691	3,807,025
Clearview Nursing Home, Inc.		10,107	511,310
Coffman Nursing Home		13,259	772,255
Colton Villa Nursing Center		42,907	2,353,858
Fahrney Keedy Memorial Home		16,807	814,639
Garlock Memorial Convalescent Home		12,464	859,624
Homewood Retirement Center - Williamsport		9,411	480,983
Ravenwood Lutheran Village		11,972	643,581
Reeders Memorial Home		56,560	2,980,316
Washington County Hospital - ECF		604	39,763
Williamsport Nursing Home		16,845	845,289
<u>Wicomico County</u>	3	148,053	\$8,442,144
Salisbury Nursing Home		85,002	4,843,399
Waterview Healthcare Center		43,366	2,466,356
Wicomico Nursing Home		19,685	1,132,389
<u>Worcester County</u>	3	31,390	\$4,256,526
Berlin Nursing Home		50,173	2,391,083
Harrison House		14,533	826,254
Hartley Hall		16,684	1,039,190

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 26. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1993 (cont'd.)

<u>Location and Name of Facility</u>	<u>Number of Facilities</u>	<u>Days</u>	<u>Net Payments</u>
<u>Out of State</u>	4	14,230	\$805,945
Capitol View Care Center		120	9,457
Chancellor Care of Delmar		11,063	623,506
Dover Nursing Center		1,754	88,281
Seaford Retirement and Rehab Ctr		1,293	84,700
<u>State Facilities</u>	3	26,564	\$2,007,091
Deer's Head Nursing Center		8,221	641,729
Tawes/Bland Bryant Nursing Center		811	47,885
Western Maryland Center		17,532	1,317,477
<u>State Facilities - ICF-MR</u>	5	332,181	\$65,092,340
Great Oaks Center		78,639	15,390,806
Holly Center		71,174	14,096,201
Joseph D. Brandenburg Center		21,681	4,235,892
Potomac Center		47,745	9,363,533
Rosewood Center A		112,942	22,005,908
CREDITS*		-31	-31,166

* Represent adjustments to providers no longer participating.

Payments include Provider Fee Project payment carryover from FY 1992.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

72

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1993

NAME AND LOCATION OF HOSPITAL	Number of Visits			Payments					
	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
ALL HOSPITALS	508,998	297,336	211,662	\$144,889,612	\$23,099,898	\$20,031,165	\$95,023,825	\$7,358,139	-623,415
GENERAL HOSPITALS									
BALTIMORE CITY	307,092	225,755	81,337	\$80,451,109	17,371,873	9,349,361	50,055,282	3,816,591	-141,998
Bon Secours	3,882	1,268	2,614	2,048,425	140,869	439,677	1,144,183	324,153	-457
Church	2,737	0	2,737	1,272,620	0	298,434	771,289	204,227	-1,330
Francis S. Key	21,329	15,120	6,209	10,309,455	428,281	862,172	8,771,112	260,238	-12,349
Good Samaritan	1,590	428	1,162	941,331	14,788	102,105	582,368	251,187	-9,117
Harbor	5,508	91	5,417	3,063,404	8,501	360,560	2,581,091	145,232	-31,980
Johns Hopkins	82,465	66,529	15,936	19,682,271	6,714,866	1,824,168	10,557,943	586,427	-1,133
Liberty Medical Ctr	8,888	6,526	2,362	2,887,597	792,518	341,282	1,505,574	248,224	0
Maryland General	27,029	23,537	3,492	5,232,736	1,512,625	370,148	2,938,520	427,368	-15,925
Mercy	30,487	26,309	4,178	4,763,818	1,637,531	555,924	2,340,345	238,653	-8,635
St Agnes	26,341	15,303	11,038	4,598,517	973,303	1,005,878	2,452,225	196,433	-29,323
Sinai	30,754	22,571	8,183	8,478,077	1,315,728	1,067,272	5,770,225	328,022	-3,170
Union Memorial	17,696	12,352	5,344	4,481,261	1,149,513	623,291	2,508,726	203,110	-3,379
University of Md.	48,386	35,721	12,665	12,691,599	2,683,350	1,498,450	8,131,681	403,317	-25,199
GENERAL HOSPITALS IN COUNTIES	171,202	57,446	113,759	\$47,683,034	3,801,803	9,443,911	31,760,725	3,052,172	-375,578
Anne Arundel General	3,721	0	3,721	1,252,735	0	289,519	896,204	73,176	-6,163
Northwest Hosp(Balt Co)	2,029	0	2,029	551,401	0	198,681	247,826	108,148	-3,254
Calvert Memorial	2,016	154	1,862	776,666	5,505	160,941	568,722	44,666	-3,168
Carroll County	1,745	0	1,745	622,792	0	153,886	429,930	41,840	-2,864
Doctors Hospital, Inc.	2,978	1	2,977	903,671	126	313,262	545,991	44,398	-106

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1993(Con't)

GENERAL HOSPITALS IN COUNTIES (Con't)	<u>TOTAL</u>	<u>CLINIC</u>	<u>ER</u>	<u>TOTAL</u>	<u>CLINIC</u>	<u>ER</u>	<u>ANC SER</u>	<u>MEDICARE</u>	<u>CREDITS</u>
Dorchester General	2,025	65	1,960	792,667	3,173	167,709	533,967	91,306	-3,488
Edward McCready	732	36	696	341,183	1,283	62,260	233,681	43,958	0
Eugene Leland	1,011	0	1,011	337,235	0	93,392	205,731	38,848	-736
Fallston	1,077	0	1,077	313,969	0	110,596	186,270	27,052	-9,949
Fort Washington	1,593	0	1,593	266,278	0	132,046	106,355	28,101	-225
Franklin Square	33,195	25,108	8,087	6,765,808	1,404,046	619,103	4,618,517	190,093	-65,961
Frederick Memorial	5,437	105	5,332	1,604,903	12,309	354,818	1,140,372	117,095	-19,692
Frostburg	1,273	0	1,273	203,577	0	79,856	90,559	37,928	-4,766
Garrett County	5,153	0	5,153	882,109	0	252,225	566,976	88,125	-25,217
Gr Baltimore Med Ctr	6,830	5,412	1,418	1,816,525	279,107	126,447	1,342,178	80,620	-11,827
Greater Laurel	1,875	2	1,873	621,468	229	165,469	421,847	35,132	-1,209
Harford Memorial	1,850	0	1,850	824,615	0	199,589	588,218	57,487	-20,680
Holy Cross	7,581	3,803	3,778	1,596,586	147,482	348,741	995,233	106,578	-1,448
Howard County	1,608	2	1,606	621,875	27	161,290	413,990	50,331	-3,763
Kent & Queen Annes	1,070	0	1,070	304,180	0	70,093	205,553	34,402	-5,869
Memorial Cumberland	4,498	67	4,431	1,512,021	4,791	329,479	1,105,454	101,817	-29,520
Memorial at Easton	2,044	0	2,044	898,424	0	161,284	540,404	198,666	-1,930
Montgomery General	1,521	2	1,519	810,091	202	124,652	633,414	53,216	-1,394
North Arundel	3,721	2	3,719	1,022,008	150	407,540	555,488	68,424	-9,594
P G Hospital Ctr	29,561	17,980	11,581	6,852,800	1,759,866	1,301,578	3,671,608	130,191	-10,443
Peninsula General	4,500	24	4,476	2,112,556	745	345,015	1,581,824	202,082	-17,109
Physicians Memorial	6,572	2,734	3,838	1,261,017	129,496	267,088	805,919	68,885	-10,371
Sacred Heart	3,596	144	3,452	1,372,239	11,278	280,577	997,783	95,556	-12,955
St Joseph	2,772	1,706	1,066	523,380	37,911	78,677	340,082	70,344	-3,635

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 27. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1993(Con't)

GENERAL HOSPITALS IN COUNTIES (Con't)	TOTAL	CLINIC	ER	TOTAL	CLINIC	ER	ANC SER	MEDICARE	CREDITS
St Marys	2,942	0	2,942	1,354,464	0	287,656	1,031,662	82,750	-17,605
Shady Grove Adventist	5,567	2	5,565	1,822,257	188	583,275	1,127,636	116,078	-4,919
Southern Maryland	3,040	0	3,040	1,002,860	0	244,294	690,263	76,866	-8,563
Suburban	593	0	593	382,625	0	58,530	271,579	63,116	-10,600
Union of Cecil Co	4,974	0	4,974	1,359,932	0	223,835	1,062,471	84,374	-10,748
Washington Adventist	3,179	0	3,179	1,606,403	0	310,100	1,183,353	117,751	-4,801
Washington County	7,323	97	7,226	2,389,713	3,888	410,409	1,823,664	182,771	-31,019
HOSPITALS IN DC	12,191	4,483	7,708	\$2,761,657	227,933	359,538	1,951,201	233,887	-10,902
Greater Southeast	5,824	0	5,824	757,411	0	224,401	411,894	125,446	-4,330
Howard University	872	688	184	299,810	37,247	22,773	229,230	10,559	0
Georgetown University	143	39	104	233,710	1,136	10,707	207,075	15,696	-904
Hadley Memorial	722	317	405	80,367	11,017	22,033	46,217	1,100	0
Providence Hospital	2,662	1,774	888	624,781	80,786	54,408	451,432	43,824	-5,668
Wash Hosp Center	1,968	1,665	303	765,579	97,747	25,217	605,352	37,263	0
OTHER OUT-OF-STATE	4,531	486	4,045	\$1,094,137	29,412	267,092	580,241	242,556	-25,164
SPECIAL FACILITIES	13,982	9,166	4,816	\$12,899,675	1,668,878	611,262	10,676,376	12,933	-69,774
Childrens of DC	6,052	1,499	4,553	3,630,017	103,861	590,157	2,938,205	0	-2,206
Childrens	111	111	0	308,133	8,360	0	304,394	5,192	-9,813
James L. Kernan	1,507	1,507	0	227,949	90,325	0	153,795	-5,723	-10,448
Kennedy Kreiger	5,672	5,672	0	8,237,890	1,440,796	0	6,835,883	6,742	-45,531
Mt Washington	107	107	0	-7,979	11,176	0	-17,727	347	-1,775
National Rehab	533	270	263	503,664	14,358	21,105	461,825	6,375	0
Recoveries/Credits(Included in net payments to providers)				-\$6,329,825	-6,271,753		-58,072		

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 28. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PROVIDER ACCOUNTS BY LOCATION OF PROVIDER
AND PAYMENT GROUP: FISCAL YEAR 1993

LOCATION OF PROVIDER	AMOUNT	PAYMENTS ¹	PROVIDER ACCOUNTS ²	NUMBER OF PROVIDER ACCOUNTS IN PAYMENT GROUP							
		% OF TOTAL		% OF TOTAL	UNDER \$100	\$100-\$999	\$1,000-\$4,999	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000-\$29,999	OVER \$30,000
GRAND TOTAL	\$218,955,137	100.0%	6,712	100.0%	942	1,180	1,465	821	784	368	1,152
Baltimore City	82,733,824	37.8%	1,444	21.5%	189	197	291	161	177	82	347
Total Counties	127,473,434	58.2%	4,460	66.4%	532	706	997	613	574	269	769
Allegany	6,004,313	2.7%	153	2.3%	13	14	18	28	30	17	33
Anne Arundel	8,614,694	3.9%	411	6.1%	36	60	109	70	49	16	71
Baltimore	24,076,048	11.0%	878	13.1%	130	182	194	105	94	46	127
Calvert	2,345,513	1.1%	60	0.9%	10	5	8	8	8	3	18
Caroline	874,771	0.4%	15	0.2%	2	1	2	3	1	1	5
Carroll	2,558,285	1.2%	107	1.6%	10	10	29	16	13	6	18
Cecil	3,120,063	1.4%	54	0.8%	7	2	9	4	10	4	18
Charles	3,096,656	1.4%	90	1.3%	9	12	18	10	17	5	19
Dorchester	1,610,393	0.7%	49	0.7%	3	5	10	3	12	5	11
Frederick	5,950,694	2.7%	133	2.0%	10	19	27	25	21	9	22
Garrett	1,527,152	0.7%	29	0.4%	3	5	3	0	5	1	12
Harford	4,183,705	1.9%	167	2.5%	23	17	37	22	23	15	30
Howard	4,384,099	2.0%	167	2.5%	20	32	39	17	20	14	25
Kent	1,200,559	0.5%	38	0.6%	4	5	7	7	4	1	10
Montgomery	17,129,008	7.8%	934	13.9%	108	178	279	125	98	39	107
Prince George's	19,562,089	8.9%	694	10.3%	74	105	131	100	102	54	128
Queen Anne's	724,745	0.3%	15	0.2%	1	0	6	1	2	1	4
St. Mary's	3,575,569	1.6%	48	0.7%	10	5	3	6	6	3	15
Somerset	1,118,786	0.5%	24	0.4%	4	2	2	3	4	1	8
Talbot	3,050,641	1.4%	80	1.2%	9	8	20	15	9	7	12
Washington	5,942,403	2.7%	130	1.9%	12	17	23	25	17	7	29
Wicomico	5,883,327	2.7%	154	2.3%	30	17	18	17	22	11	39
Worcester	939,922	0.4%	30	0.4%	4	5	5	3	2	3	8
Out of State	8,747,680	4.0%	808	12.0%	221	277	177	47	33	17	36

¹ Includes some payments for Provider Fee Project. ² Provider Accounts include individual, group physician accounts, and contract clinic accounts.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

76

TABLE 29. PHYSICIAN PROGRAM: PARTICIPATING PHYSICIANS, PHYSICIAN GROUPS, AND CONTRACT CLINICS BY COUNTY
OF PRACTICE WITH NUMBER OF SELECTED SERVICES BY TYPE OF SERVICE: FISCAL YEAR 1993

COUNTY	NUMBER OF PHYSICIANS BILLING			NUMBER OF SERVICES BILLED				
	Total Physicians	Office/Clinic Physicians	In-Hospital Physicians	Office/Clinic Visits	Inpatient Surgical	Inpatient Hospital Care	Outpatient Surgical	Emergency Room Care
Total State	6,712	6,509	4,657	1,261,382	67,998	347,538	45,920	169,033
Baltimore City	1,444	1,425	1,019	361,012	26,619	185,901	21,145	75,432
Total Counties	4,460	4,380	3,111	864,937	34,249	141,146	22,262	81,446
Allegany	153	150	128	37,784	1,336	7,716	1,835	8,115
Anne Arundel	411	403	292	75,702	2,162	10,135	1,116	4,547
Baltimore	878	862	581	127,396	8,359	29,323	7,468	15,607
Calvert	60	60	43	15,870	669	4,909	580	57
Caroline	15	15	4	9,737	27	316	16	13
Carroll	107	106	69	21,133	376	1,204	336	29
Cecil	54	53	36	23,644	895	2,572	300	3,083
Charles	90	87	68	24,648	897	3,300	493	1,320
Dorchester	49	49	37	13,235	577	2,834	421	758
Frederick	133	132	98	30,300	906	2,565	371	116
Garrett	29	29	17	11,645	558	1,115	167	51
Harford	167	167	118	45,408	458	5,489	467	1,766
Howard	167	164	109	33,168	944	3,955	581	1,402
Kent	38	37	28	7,505	235	1,291	54	84
Montgomery	934	905	669	92,105	3,576	17,738	2,232	16,711
Prince Georges	694	686	493	136,732	5,243	30,211	2,890	22,476
Queen Annes	15	15	6	2,767	5	241	0	1
St Marys	48	47	32	29,606	916	3,095	341	133
Somerset	24	24	14	13,210	58	145	134	11
Talbot	80	79	61	24,575	909	2,785	626	2,551
Washington	130	128	98	45,793	1,336	4,125	942	2,436
Wicomico	154	152	102	35,325	3,806	6,082	882	179
Worcester	30	30	6	7,649	1	0	10	0
Washington D.C.	373	350	252	20,284	3,696	16,109	545	297
Out of State	435	354	275	15,149	3,434	4,382	1,968	11,862

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 30. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1993

AREA OF RESIDENCE	Total	Home		Physical Therapy	Speech Therapy	Occupational Therapy	Other Services	Medical Day Care	Personal Care	Waivers	Case Mgmt/ Col- lections	
		Nursing Service	Health Aide								Other	
State	\$140,934,009	\$7,939,796	\$1,151,345	\$1,015,276	\$282,202	\$389,912	\$227,432	\$18,095,953	\$18,894,191	\$90,108,992	\$2,038,820	\$-109,911
Baltimore City	47,566,286	4,604,246	491,500	450,286	101,680	153,635	182,163	6,638,385	9,296,187	24,727,075	958,604	-37,474
Counties	92,467,722	3,335,551	659,845	564,990	180,522	236,277	45,269	11,457,568	9,598,004	65,381,917	1,080,216	-72,437
Allegany	2,530,151	69,850	4,292	8,126	0	826	-2,077	707,356	497,085	1,237,138	8,420	-864
Anne Arundel	8,850,637	219,630	21,590	39,917	12,069	12,053	8,745	1,528,355	627,295	6,369,363	17,020	-5,400
Baltimore	14,386,605	722,715	140,093	75,804	35,678	63,263	33,041	1,546,649	1,573,575	10,172,526	38,665	-15,406
Calvert	2,031,636	32,550	5,784	3,901	0	435	-2,441	131,075	275,525	1,497,084	88,314	-590
Caroline	995,799	9,393	2,013	5,184	0	880	-675	221,233	194,105	504,509	59,865	-708
Carroll	3,639,621	64,300	6,486	3,018	5,438	597	2,584	107,546	208,209	3,237,252	8,640	-4,449
Cecil	1,476,909	101,187	80,313	38,493	4,411	10,596	10,153	153,039	19,210	1,023,906	36,380	-778
Charles	2,952,498	49,574	8,474	3,849	2,750	599	-5,408	289,983	212,096	2,344,231	48,272	-1,921
Dorchester	1,765,908	25,396	2,167	3,372	91	3,984	6,513	522,304	631,325	525,046	46,255	-545
Frederick	3,752,302	83,196	12,375	7,860	0	1,020	2,320	1,034,562	300,642	2,308,502	3,370	-1,544
Garrett	1,400,344	98,257	15,282	1,607	0	0	5,758	28,903	175,605	1,073,381	2,600	-1,050
Harford	3,993,205	190,837	30,603	32,436	7,648	19,986	5,226	419,085	615,860	2,674,141	1,600	-4,267
Howard	3,211,032	169,804	8,331	13,867	1,571	3,981	4,324	318,925	56,555	2,525,324	110,090	-1,741
Kent	568,165	4,831	0	515	0	0	-1,249	113,288	152,450	287,036	11,420	-126
Montgomery	11,505,841	443,221	80,934	157,077	34,331	50,065	-3,176	1,008,064	1,118,085	8,395,118	233,459	-11,335
Prince George's	15,008,673	589,470	187,089	125,931	42,284	46,491	6,176	1,055,297	938,922	11,925,652	100,418	-9,057
Queen Anne's	698,335	23,214	2,655	3,468	3,025	631	1,891	250,037	104,940	277,874	30,900	-300
St. Mary's	2,111,170	106,378	14,519	16,729	5,850	10,622	-18,593	397,303	171,860	1,396,191	14,041	-3,730
Somerset	971,606	23,929	369	1,095	0	0	-5,758	141,437	330,230	441,056	39,570	-322
Talbot	1,031,437	27,655	2,838	3,029	91	4,386	2,886	142,270	80,360	728,927	39,645	-650
Washington	6,630,769	124,370	6,594	13,115	22,381	4,416	-4,430	540,379	611,335	5,296,863	20,427	-4,681
Wicomico	2,276,627	123,219	13,058	3,860	2,904	1,448	-273	653,469	549,415	864,145	68,115	-2,733
Worcester	678,452	32,525	13,987	2,737	0	0	-268	147,008	153,320	276,653	52,730	-239

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 31. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1993

AREA OF RESIDENCE	Total	Optometrist Service	General Trans	Ambulance Service	Van Service	Podiatry	Medical Supplies	Medical Laboratory	Audiological Services	Physical Therapy	Medicare Deductible/ Coinsurance ¹	Collections
State	\$42,524,831	\$2,232,136	\$11,849,149	\$2,751,416	\$851,860	\$-204,114	\$15,322,997	\$8,968,248	\$120,181	\$821,104	\$5,632,557	-188,146
Baltimore City	17,188,280	900,810	5,102,683	1,458,549	568,111	-460,358	5,690,204	3,638,889	31,672	280,112	2,317,604	-22,392
Total Counties	25,336,551	1,331,327	6,746,466	1,292,866	283,748	256,244	9,632,793	5,329,359	88,510	540,992	3,314,953	-165,754
Allegany	696,886	80,855	133,280	39,659	0	-5,992	323,402	114,153	1,088	17,915	65,511	-7,474
Anne Arundel	2,488,352	105,203	594,340	158,014	15,670	36,717	989,320	528,298	7,458	63,924	346,651	-10,591
Baltimore	4,201,493	191,822	913,167	375,553	91,914	39,141	1,670,343	850,893	16,245	62,881	760,193	-10,465
Calvert	415,779	25,042	113,845	11,359	261	13,100	173,650	74,826	0	4,500	41,355	-803
Caroline	386,475	14,193	151,295	16,754	286	4,360	128,476	56,653	1,054	19,658	56,338	-6,254
Carroll	566,812	25,490	88,562	39,376	9,479	5,372	304,904	95,618	1,002	9,123	107,162	-12,111
Cecil	461,347	35,310	172,584	17,471	551	14,216	168,133	48,721	2,084	2,825	45,532	-548
Charles	835,374	53,001	223,620	27,850	508	7,582	279,733	227,904	1,577	22,789	85,932	-9,190
Dorchester	385,069	31,666	184,682	22,049	457	2,226	99,126	34,266	1,063	10,143	52,505	-609
Frederick	527,790	38,404	75,382	32,230	18,239	5,185	214,714	141,127	3,927	2,535	75,840	-3,953
Garrett	377,707	32,034	198,268	33,635	0	-319	92,956	21,419	4,786	593	36,765	-5,664
Harford	1,022,916	46,913	210,106	51,490	7,679	8,553	505,109	195,674	107	19,400	128,450	-22,115
Howard	476,262	24,744	30,264	26,074	19,913	3,869	218,363	135,093	1,052	17,953	92,007	-1,064
Kent	147,088	7,803	76,935	4,247	57	1,740	43,615	10,906	0	1,818	18,146	-34
Montgomery	3,022,155	171,310	658,160	98,441	43,594	29,030	1,149,069	817,357	3,737	78,738	376,432	-27,282
Prince George's	4,834,904	193,481	1,005,477	189,219	73,859	41,076	1,898,506	1,299,671	17,663	140,921	587,726	-24,967
Queen Anne's	212,582	13,044	68,293	8,574	57	2,802	73,781	40,597	0	5,932	27,609	-498
St. Mary's	740,807	38,088	299,928	25,964	117	6,925	242,564	112,800	0	27,255	87,432	-12,832
Somerset	618,004	26,675	391,046	18,490	248	5,546	132,059	39,392	187	5,073	56,754	-711
Talbot	247,241	13,067	80,633	11,549	57	2,025	83,536	49,731	160	6,584	33,958	-102
Washington	860,918	73,616	180,924	42,106	172	16,230	275,237	255,490	19,696	506	104,038	-3,059
Wicomico	1,183,446	64,754	526,748	28,822	572	7,444	427,651	112,935	4,707	12,044	87,220	-2,232
Worcester	627,142	24,813	368,928	13,941	57	9,414	138,547	65,837	919	7,881	41,395	-3,195

¹ Payments for Medicare deductibles and coinsurance are included in service payment totals. Columns may not add due to rounding.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 32. THE MARYLAND HEALTHY KIDS PROGRAM
SERVICES AND PAYMENTS FOR EPSDT SERVICES:
FISCAL YEAR 1993

COUNTY	SCREENS	PAYMENTS
TOTAL STATE	152,097	\$7,597,518
BALTIMORE CITY	37,126	2,161,141
TOTAL COUNTIES	114,971	5,436,377
Allegany	5,892	235,920
Anne Arundel	11,272	532,860
Baltimore	13,151	627,065
Calvert	1,915	89,037
Caroline	1,385	69,160
Carroll	3,025	142,561
Cecil	3,831	172,911
Charles	3,182	144,824
Dorchester	2,183	107,863
Frederick	3,626	169,675
Garrett	1,992	94,110
Harford	4,915	236,892
Howard	2,868	138,340
Kent	740	34,161
Montgomery	13,782	681,464
Prince George's	21,024	982,472
Queen Anne's	1,208	57,639
St Mary's	4,021	186,369
Somerset	1,679	88,836
Talbot	1,260	61,047
Washington	6,262	309,744
Wicomico	3,852	177,306
Worcester	1,906	96,122

Payments include Provider Fee Project payments from fiscal year 1992.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 33. CHARACTERISTICS OF ALL PERSONS ENROLLED AT SOME TIME
DURING THE YEAR TO RECEIVE MEDICAL CARE:
FISCAL YEAR 1993

Total Eligibles (Medicaid and Pharmacy Assistance)		666,240
Total Medicaid Eligibles		609,620
Categorically Needy - Basis of Whose Eligibility was:		356,889
-Age 65 or over	20,954	
-Blindness	363	
-Permanent and Total Disability	61,581	
-Aid to Families with Dependent Children	256,794	
-Other (Essential Persons)	28	
-General Public Assistance	10,295	
-Qualified Medicare Beneficiaries	6,874	
Medically Needy - Basis of Whose Eligibility was:		252,731
-Age 65 or over	22,454	
-Blindness	15	
-Permanent and Total Disability	17,022	
-Total Dependent Children Under 21	72,990	
-Under 21 not in Family	8,787	
-Under 21 in Family	64,203	
-Adults in Families with Dependent Children	34,718	
-Other	105,532	
-State Only (Plus Cancels)	105,167	
-Subsidized Adoptions	365	
Pharmacy Assistance		56,620

TOTAL MEDICAID AND PHARMACY ASSISTANCE ELIGIBLES

Age in Years - Total	666,240
Under 21	323,504
21 through 64	267,754
65 or Over	74,982
Sex - Total	666,240
Male	264,048
Female	402,192
Race - Total	666,240
White	254,701
Non-White	408,555
Unknown	2,984

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 14: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992 ¹	1991	1990	1989
Number of Recipients	527,571	510,144	442,101	412,187	438,476
Payments: Total	\$1,881,154,436	\$1,888,906,558	\$1,434,924,273	\$1,198,016,054	\$1,080,956,872
Hospital Inpatient	596,087,015	581,209,710	501,346,774	399,190,800	366,343,498
Nursing Facility	394,092,279	384,317,702	340,694,223	272,790,198	253,994,216
Hospital Outpatient	144,889,612	131,279,027	106,795,573	89,633,742	77,533,947
Physician Services	218,955,137	327,268,430	134,686,660	106,271,683	98,873,521
Pharmacy Services	115,009,825	107,126,940	85,811,025	71,430,045	64,195,100
Dental Services	4,999,531	10,541,374	4,175,263	3,616,337	3,632,893
Home and Community	140,034,009	112,801,695	62,809,884	75,668,307	54,967,290
Special Services	42,524,831	45,379,637	37,305,406	30,417,385	26,410,400
State Institutions	89,941,600	79,029,170	82,952,899	89,410,744	86,677,809
Health Maintenance Organizations	134,620,598	109,952,873	78,346,566	59,586,813	46,328,198
Average Number Enrollees	433,805	429,334	380,255	347,100	343,618
Fed Matched Cat Needy	327,851	318,231	292,683	272,438	275,080
Fed Matched Med Needy	93,026	79,143	59,961	51,490	44,356
Non-Fed Matched	12,929	31,960	27,611	23,172	24,183
Avg Pay/Enrollee: All	\$4,026	\$4,144	\$3,568	\$3,280	\$3,011
Fed Matched Cat Needy	2,580	2,683	2,124	2,017	1,783
Fed Matched Med Needy	9,363	10,118	10,296	9,433	9,692
Non-Fed Matched	2,302	3,894	4,261	4,454	4,724
Hospital Inpatient	\$1,393	\$1,354	\$1,318	\$1,203	\$1,066
Nursing Facility	908	895	896	990	745
Hospital Outpatient	334	306	281	258	226
Physician Services	505	762	354	306	288
Pharmacy Services	265	250	226	206	187
Dental Services	12	25	11	10	11
Home and Community	323	263	165	218	160
Special Services	98	106	98	88	77
State Institutions	188	184	218	258	252

¹ FY 1992 total payments include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 MEDICAL ASSISTANCE PROGRAM
 TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992	1991	1990	1989
<u>HOSPITAL INPATIENT SERVICES</u>					
Number of Recipients	100,105	103,316	96,359	103,183	98,785
Payments: Total	\$620,936,275	\$601,293,078	\$518,761,855	\$417,703,608	\$384,210,308
<u>General Hospitals</u>					
Number of Discharges	98,048	106,174	104,588	94,864	90,859
Days of Care	521,240	550,762	547,330	513,885	496,026
Payments: Total	\$445,857,905	\$436,846,092	\$391,607,738	\$331,225,277	\$303,194,482
Inpatient Care	427,860,925	420,393,403	382,102,423	323,332,081	292,194,359
Average Per Diem	855.38	793.17	715.49	644.55	611.25
Medicare Ded & Coins	17,996,980	16,452,689	9,505,315	7,893,196	11,000,123
Average Days per Discharge	5.32	5.19	5.23	5.42	5.46
Average Days per Enrollee	1.20	1.28	1.44	1.48	1.44
<u>Special and Chronic Hospitals</u>					
Days of Care	381,183	330,865	281,376	180,422	179,425
Payments: Total	\$150,581,334	\$137,292,834	\$110,054,873	\$68,109,587	\$63,352,787
Inpatient Care	148,926,138	136,398,632	109,551,355	67,918,232	62,831,517
Average Per Diem	395.04	414.95	391.13	377.50	353.09
Medicare Ded & Coins	1,655,196	894,202	503,518	191,355	521,270
Average Days per Enrollee	0.88	0.77	0.74	0.52	0.52

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992	1991	1990	1989
<u>State Chronic and Mental Hospitals</u>					
Days of Care	144,526	146,490	108,954	137,921	130,594
Payments: Total	\$24,849,260	\$27,451,652	\$17,415,081	\$18,512,808	\$17,866,820
Inpatient Care	23,870,706	26,453,314	17,067,392	18,321,154	17,544,826
Average Per Diem	171.94	184.87	156.65	134.23	136.81
Medicare Ded & Coins	978,554	998,338	347,689	191,654	321,994
Collections: Total	-352,224	-297,500	-315,837	-144,064	-203,781
<u>HOSPITAL OUTPATIENT PROGRAM</u>					
Number of Recipients	221,255	224,513	206,611	172,507	169,452
Number of OPD and ER Visits	508,998	515,099	511,459	483,096	469,837
Payments: Total	\$144,889,612	\$131,279,027	\$106,795,573	\$89,633,742	\$77,533,947
OPD & ER Visits	43,131,063	39,799,874	33,079,105	27,763,224	25,155,316
Ancillary Services	94,400,410	84,840,226	70,375,644	57,138,923	48,307,786
Avg Payment/Visit	284.66	254.86	202.27	175.75	156.36
Medicare Ded & Coins	7,358,139	6,638,927	3,340,824	4,731,595	4,070,867
Avg number OPD and ER Visits per Enrollee	1.17	1.20	1.35	1.39	1.37
Avg Number OPD and ER Visits per Recipient	2.30	2.29	2.48	2.80	2.77

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992 ¹	1991	1990	1989
<u>NURSING FACILITY PROGRAM</u>					
Number of Recipients of Service	28,075	27,819	27,050	23,039	23,370
Days of Care: Total	6,304,668	6,365,854	5,993,425	5,333,741	5,473,089
Nursing Care Days	6,225,258	6,281,760	5,928,217	5,323,647	5,463,090
Medicare Coins Days	79,410	84,094	65,208	10,094	9,999
Payments: Total	\$394,092,279	\$384,317,702	\$340,694,223	\$272,790,198	\$255,994,216
Nursing Care	387,636,481	377,788,583	336,007,651	272,182,951	255,347,639
Medicare Coins	6,455,798	6,529,119	4,686,572	607,247	646,577
Avg Per Diem Payment					
Nursing Care	62.27	60.14	56.68	51.13	46.74
Medicare Coins	81.30	77.64	71.87	60.16	64.66
Avg Days/Enrollee					
Nursing Care	14.35	14.63	15.59	15.34	15.90
Medicare Coins	0.18	0.20	0.17	0.03	0.03
<u>ICF-MR Facilities</u>					
Recipients of Service	1,004	1,171	1,309	1,407	1,419
Days of Care	332,181	371,626	431,889	467,782	451,421
Payments: Total	\$65,092,340	\$58,945,800	\$65,537,818	\$70,897,936	68,811,000
Avg Per Diem Payment	195.95	158.62	151.75	151.56	152.43

¹ FY 1992 Nursing Home payments include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992 ¹	1991	1990	1989
<u>PHYSICIAN SERVICES</u>					
Recipients: Total	346,910	342,313	300,751	282,376	287,379
Payments: Total	\$218,955,137	\$127,268,453	\$134,686,660	\$106,585,650	\$98,873,520
<u>Office, Home and Nursing Home Care</u>					
Payments: Total	\$143,581,543	\$132,702,759	\$71,981,388	\$58,705,128	\$53,550,817
<u>Office Services</u>					
Number Visits	865,625	888,307	777,104	733,972	791,184
Payments: Visits	\$28,432,860	\$34,664,316	\$19,412,104	\$17,238,531	\$17,694,215
Specified Services	24,796,719	29,855,708	14,378,161	10,795,954	31,869,807
Visits/Enrollee	2.00	2.07	2.04	2.11	2.30
<u>Clinic Services</u>					
Payments: Total	\$72,728,339	\$61,492,925	\$33,777,043	\$26,296,172	\$23,159,637
Collections: Total	-517,585	-915,336	-364,539	-303,182	-306,687
<u>In-Hospital Services</u>					
Payments: Total	\$75,373,594	\$195,481,007	\$63,070,149	\$47,880,522	\$45,629,290
Inpatient Care	55,209,238	138,164,994	46,457,591	36,654,519	35,494,494
Outpatient Care	15,555,064	42,544,334	13,516,058	9,530,054	8,682,706
ER Patient Care	4,609,292	14,771,679	3,096,499	1,695,949	1,452,190
All Medicare Ded & Coins (Office and Hospital)	18,161,210	16,957,429	12,550,739	12,208,297	10,945,771

¹ FY 1992 Physician payments include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 MEDICAL ASSISTANCE PROGRAM
 TABLE 34: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992 ¹	1991	1990	1989
<u>DENTAL SERVICES</u>					
Number Recipients	61,969	71,331	60,356	57,438	59,220
Payments: Total	\$4,999,531	\$10,541,374	\$4,175,263	\$3,616,337	\$3,632,893
Diagnostic	980,551	2,244,710	894,481	755,511	750,041
Preventive	782,054	1,526,616	653,762	599,967	633,375
Restorative	997,587	2,148,485	897,515	792,660	793,843
Endo/Periodontic	172,049	392,746	174,172	152,307	157,714
Prosthodontic	16,372	28,208	19,194	19,361	26,606
Oral Surgery	1,008,245	2,542,939	898,004	731,760	731,288
Other Services	1,042,673	1,657,670	638,136	564,783	540,026
Number of Selected Services					
Prophylaxes	40,946	43,232	35,791	35,177	36,841
Fluoride Treatment	33,412	35,988	29,777	29,685	31,616
Fillings	33,201	39,304	34,129	34,988	35,443
Extractions	39,776	39,890	34,274	34,126	34,809
Full Dentures	2	6	6	7	13
Partial Dentures	29	37	45	33	78
<u>PHARMACY SERVICES</u>					
Number Recipients	334,052	346,729	286,270	266,064	263,995
Number Invoices	4,415,692	4,259,454	3,058,842	3,747,268	3,584,434
Payments: Total	\$115,009,825	\$107,126,940	\$85,811,025	\$71,430,058	\$64,195,100
Avg Payment/Invoice	26.05	25.15	22.24	19.06	17.91
Avg Invoices/Enrollee	10.18	9.92	10.15	10.80	10.43
Avg Invoices/Recipient	13.22	12.28	13.48	14.08	13.58

¹ FY 1992 Dental and Pharmacy payments include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM
TABLE 14: SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1989 - 1993

	Fiscal Year				
	1993	1992 ¹	1991	1990	1989
<u>HOME AND COMMUNITY</u>					
<u>HEALTH SERVICES</u>					
Number Recipients	12,399	15,877	12,893	12,743	11,541
Payments: Total	\$140,034,009	\$112,801,695	\$62,809,884	\$75,669,803	\$54,968,308
Nursing Services	7,939,796	5,425,281	4,304,831	4,191,968	3,550,898
Home Health Aide	1,151,345	1,076,134	874,727	752,095	752,920
PT/OT	1,405,188	1,128,924	809,527	776,621	839,059
Medical Day Care	18,095,953	14,270,580	10,853,639	9,656,636	8,454,174
Personal Care	18,894,191	19,299,917	14,438,876	15,347,886	13,587,567
Other Services	582,400	400,008	507,558	564,378	331,062
Waiver - Model	13,550,143	11,943,020	2,905,371	3,253,659	1,575,657
Waiver - MR	76,551,433	58,490,798	21,201,321	34,574,673	21,382,863
Waiver - Tech	7,416	454,917	7,142,858	7,042,492	4,744,102
Case Management	1,966,056	397,105			
Collections	-109,911	-84,989	-228,824	-490,607	-249,994
<u>SPECIAL SERVICES</u>					
Payments: Total	\$42,524,831	\$45,380,899	\$37,305,406	\$30,417,498	\$26,410,400
Optometry & Optic Svs	2,232,136	3,075,712	2,614,764	2,437,408	2,613,223
Ambulance/WCV	3,603,275	2,932,279	2,202,087	2,007,896	1,090,903
General Transportation	11,849,149	16,208,770	15,299,403	12,395,592	9,094,412
Medical Lab Services	8,968,248	8,086,825	5,879,584	4,490,153	3,782,555
DME/DMS/Oxygen	15,322,997	13,726,760	10,243,277	8,202,578	6,421,357
Podiatry	-204,114	664,774	633,712	621,265	338,628
Physical Therapy	821,104	752,602	465,068	239,267	88,865
Audiological Services	120,181	87,278	72,642	74,897	88,808
Medicare Coins & Ded	5,632,559	5,367,993	3,703,566	3,235,411	2,953,586
Recoveries (Other)	-188,146	-154,101	-105,130	-51,557	-61,937

¹ FY 1992 Waiver payments include Provider Fee Project payments.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 35. SUMMARY OF MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY RESIDENCE: FISCAL YEARS 1989 - 1993

<u>Residence of Enrollee</u>	<u>1993</u>	<u>1992</u>	<u>1991</u>	<u>1990</u>	<u>1989</u>
Total State ¹	433,805	429,334	380,255	347,100	343,618
Baltimore City	187,313	196,331	183,061	173,712	179,122
Total Counties	246,492	233,003	197,194	173,388	164,496
Allegany County	10,028	10,152	9,098	8,087	7,798
Anne Arundel County	21,743	20,582	17,498	15,499	14,800
Baltimore County	39,285	36,427	30,618	26,702	25,000
Calvert County	3,391	3,503	3,000	2,732	2,622
Caroline County	2,666	2,568	2,224	1,958	1,868
Carroll County	5,025	4,675	3,926	3,359	3,149
Cecil County	5,785	5,720	4,809	4,084	3,831
Charles County	7,346	7,125	6,210	5,607	5,178
Dorchester County	4,130	4,047	3,521	3,156	3,091
Frederick County	7,493	7,179	5,747	4,673	4,247
Garrett County	3,648	3,666	3,118	2,775	2,651
Harford County	9,363	8,785	7,308	6,245	5,826
Howard County	5,717	5,202	4,176	3,669	3,305
Kent County	1,328	1,350	1,169	1,040	995
Montgomery County	31,305	29,416	25,459	22,294	21,088
Prince George's County	52,313	47,380	39,275	34,852	34,045
Queen Anne's County	2,172	2,204	1,868	1,650	1,589
St. Mary's County	5,987	5,659	4,670	3,994	3,829
Somerset County	3,193	3,078	2,734	2,417	2,272
Talbot County	2,358	2,292	1,948	1,797	1,640
Washington County	10,420	10,469	8,995	8,021	7,654
Wicomico County	8,222	8,053	6,865	6,233	5,649
Worcester County	3,574	3,471	2,958	2,544	2,369

¹ QMBs included in eligibility counts from FY 1992 forward.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 36. SUMMARY OF MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT DATA BY CATEGORY OF ASSISTANCE: FISCAL YEARS 1989-1993

ENROLLMENT BY ELIGIBILITY CATEGORY	<u>1993</u>	<u>1992</u>	<u>1991</u>	<u>1990</u>	<u>1989</u>
Average Enrollment (All Categories)	433,805	429,334	380,255	347,100	343,619
01 - OAA	19,712	19,028	18,488	18,461	18,552
03 - PANB	353	361	360	368	378
06 - APTD	58,625	53,501	49,218	45,645	43,085
08 - EP	33	31	34	38	44
02 - AFDC	249,128	245,310	224,583	207,926	213,021
09 - MAO	16,942	17,408	17,232	16,605	16,085
19 - MAB	10	13	16	16	12
29 - MAD	10,806	8,792	8,042	8,250	5,918
30 - MAFC	6,896	6,602	6,365	6,321	5,699
39 - MAC ¹	11,981	29,451	18,042	11,721	9,894
49 - MAR ²	7,580	13,102	10,264	8,577	6,748
SOBRA/A	7,302				
SOBRA/C	26,096				
00 - QMB ³	5,412	3,775	2,005	0	0
04 - GPA	7,488	20,630	19,231	15,998	17,058
40 - NFED(STD I)	5,134	10,984	7,378	6,126	6,226
45 - SA(STD II)	307	346	1,002	1,048	899

¹ Includes SOBRA Children from FY 1989 through FY 1992.

² Includes SOBRA Adults from FY 1989 through FY 1992.

³ QMBs included in total eligibility counts from FY 1992 forward.

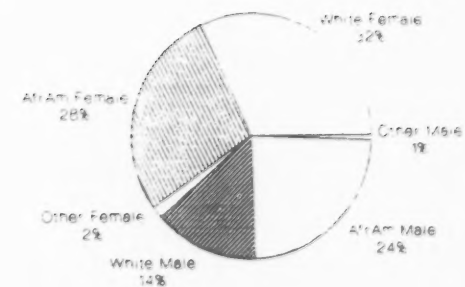
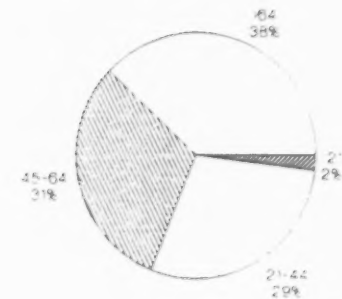
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

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TABLE 37. MARYLAND PHARMACY ASSISTANCE PROGRAM
AVERAGE ENROLLMENT BY RESIDENCE - SELECTED CHARACTERISTICS:
FISCAL YEAR 1993

<u>Residence of Recipient</u>	<u>Average Enrollment</u>
Total State	28,614
Baltimore City	14,785
Allegany County	857
Anne Arundel County	1,246
Baltimore County	2,460
Calvert County	207
Caroline County	190
Carroll County	409
Cecil County	440
Charles County	417
Dorchester County	336
Frederick County	479
Garrett County	262
Harford County	554
Howard County	302
Kent County	162
Montgomery County	1,327
Prince George's County	1,589
Queen Anne's County	200
St. Mary's County	313
Somerset County	253
Talbot County	187
Washington County	809
Wicomico County	559
Worcester County	271

Selected Characteristics



MARYLAND PHARMACY ASSISTANCE PROGRAM

TABLE 38. SUMMARY OF SELECTED MARYLAND PHARMACY ASSISTANCE
PROGRAM DATA: FISCAL YEARS 1989-1993

<u>PHARMACY ASSISTANCE SERVICES</u>	<u>1993</u>	<u>1992¹</u>	<u>1991</u>	<u>1990</u>	<u>1989</u>
Average Enrollment	30,467	16,578	17,446	16,994	17,200
Maximum Gross Allowance Income Base	\$8,000	\$7,750	\$7,450	\$7,050	\$6,700
Total Payments	\$13,672,125	\$8,248,117	\$11,312,526	\$10,089,462	\$8,304,457
Total Number of Prescriptions	494,510	319,977	464,729	462,023	426,723
Average Payment Per Prescription	\$27.65	\$25.77	\$24.34	\$21.84	\$19.46
Average Cost Per Recipient	\$448.75	\$497.53	\$648.43	\$593.71	\$482.82
Average Prescriptions Per Recipient	16.23	19.30	26.64	27.19	24.81

¹ 1992 Payments include Provider Fee Project payments.

APPENDIX GLOSSARY OF TERMS

ENROLLEES Those persons who apply for and are determined eligible for Medical Assistance benefits. Medical Assistance enrollees are automatically eligible through receipt of cash assistance from Aid to Families with Dependent Children (AFDC), General Public Assistance (GPA), or Supplemental Security Income (SSI). Enrollees may also become eligible as a result of meeting certain financial and technical requirements established by the State and the federal government. Each enrollee receives a Medical Assistance card with which to receive covered services. All enrollee counts in this publication reflect the average number of persons enrolled during a month.

RECIPIENTS Medical Assistance enrollees who have used their Medical Assistance cards to receive medical services covered under the Maryland Medical Assistance Program. Counts of recipients in this publication may exceed the average number of enrollees, because many individuals gain and lose eligibility over the year's time.

FEDERAL FINANCIAL PARTICIPATION - (FFP) Federal expenditures provided to match State expenditures for Medicaid eligibles in federally approved assistance categories.

FEDERALLY MATCHED CATEGORICALLY NEEDY ELIGIBILITY CATEGORIES Federally-matched categorically needy persons are those who meet financial and technical eligibility requirements for AFDC or SSI, and who receive cash assistance through these programs. The State receives federal financial participation for all covered expenditures for these groups. (Automatically eligible to receive Medical Assistance benefits.)

OAA Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind, or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children (AFDC) benefits.

NON-FEDERALLY MATCHED CATEGORICALLY NEEDY ELIGIBILITY CATEGORY

Non-federally matched categorically needy persons are financially eligible for State cash assistance and ineligible for federal cash assistance. Expenditures for this group are not eligible for federal financial participation. (Automatically eligible to receive Medicaid benefits.)

GPA General Public Assistance. Individuals who are receiving cash assistance from State funds because they are unemployed or only part-time employed due to a medically substantiated impairment. These individuals fail to meet the technical eligibility requirements for federal cash assistance. Program replaced by DALP 5/1/92.

DALP Disability Assistance and Loan Program. (Program replaced GPA effective May 1, 1992) Individuals who are receiving a temporary grant or loan. These persons are financially in need according to State standards because of unemployment due to a determination of impairment.

FEDERALLY MATCHED MEDICALLY NEEDY ELIGIBILITY CATEGORIES

Federally-matched medically needy persons are those whose income and resources are above the limits for eligibility as categorically needy (AFDC or SSI) but are within limits set by the State. Expenditures for these groups are eligible for federal financial participation. (Eligibles must apply for Medical Assistance benefits at local Department of Social Services offices.)

MAO Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI benefits.

MAB Medical Assistance to the Blind. Individuals who are blind and are not recipients of SSI benefits.

MAD Medical Assistance to the Disabled. Individuals who are disabled and not recipients of SSI benefits.

MAFC Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker relative and receive no cash assistance. This group is comprised of children in foster care, State facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC Medical Assistance to Individuals Under 21 and in Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children and who do not receive cash assistance.

SOBRA Medical Assistance to pregnant women and their children born after September 30, 1983 (PWC Program). Pregnant women who have

incomes below 185% of the federal poverty level may receive pregnancy-related medical services under Medicaid. Complete Medicaid coverage is available for infants in families with incomes below 185% of the poverty level, one through five-year-olds with incomes below 133% of the poverty level, and eligible children aged 6 and above with incomes below 100% of the poverty level.

NON-FEDERALLY MATCHED MEDICALLY NEEDY ELIGIBILITY CATEGORIES

Non-federally matched medically needy persons are those who do not qualify under any federally established eligibility category, but who do meet Medicaid financial requirements. Expenditures for these groups are not eligible for federal financial participation. (Eligibles must make application for Medicaid benefits.)

STND 1 Standard 1. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker-relative and are not receiving cash assistance in either a federal (AFDC, SSI) or State-only program (GPA).

SA Subsidized Adoptions. Children who are placed in adoption by the Maryland Department of Human Resources and who are not eligible for an adoption subsidy in which there is federal financial participation.

FEDERALLY MANDATED COVERAGE CATEGORIES

QMB QUALIFIED MEDICARE BENEFICIARIES. Medicare Catastrophic Coverage Act of 1988. Medicare eligible persons who are eligible for Part A, have income which does not exceed a specified percentage of the official Federal poverty line, and whose assets do not exceed twice the asset level of the Supplemental Security Income (SSI) Program. Medicaid pays Medicare premiums, co-insurance and deductibles for these individuals.

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges and accommodations.

The department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits and employment opportunities.